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EDITORIAL COMMENT

HONORS FOR MISS NOYES

At almost the same time, we receive word that Miss Noyes has been decorated with the Patriotic Service Medal of the American Social Science Association and Council of the National Institute of Social Science and that she has been appointed Director of the Department of Nursing of the American Red Cross, a position which she has been filling, as acting Director, at the request of Dr. Farrand, since the death of Miss Delano.

We believe all nurses will feel that this is as it should be. Miss Noyes was Miss Delano's own choice as a co-worker; her experience during the war period and through the half year which has followed the Armistice has made her thoroughly familiar with the work and the workers. She has carried it steadily forward during trying times, and has proved herself able to cope with its perplexities. She is a woman of long and varied experience in executive positions,—a graduate of Johns Hopkins, she has been superintendent of nurses at St. Luke's Hospital, New Bedford and at Bellevue, New York; she was for three years president of the National League of Nursing Education and is now in her second year as president of the American Nurses' Association. We are sure the nurses of the country will give Miss Noyes their confidence and support in her new position.

OTHER APPOINTMENTS OF INTEREST

It will be a pleasure to all who know Miss Fox, to hear that she has been made the head of the Public Health Division of the Red Cross Nursing Service. She has been acting in this capacity since Miss Gardner's departure for Italy and the permanent appointment shows that her work deserves recognition.

As announced last month in our official department by Miss Goodrich, whose signature was omitted through a typographical error, Miss Stimson succeeds her as Dean of the Army School of Nursing, Miss Goodrich returning to her post at Teachers College.

Miss Stimson acts also as head of the Army Nurse Corps while Miss Dora Thompson takes a rest. The phrase "well-earned rest" was never more aptly applied than it might be here. The immense amount of detail work which has passed through the hands of Miss Thompson since the beginning of the war has seemed almost beyond comprehension and it is a wonder that she has borne the strain so long. Miss Stimson's experience overseas, where she has been advanced from one post of authority to another, gives her the needed working basis for her new tasks.

MISS DELANO'S GRAVE

Can anyone look at the picture of Miss Delano's lonely grave at Savenay, France, without a tightening of the throat? It is one thing to read about it, it is quite another to see it,—so lonely, so far from home. Yet the flowers upon it show that it is not unremembered, and the simple cross like those marking the soldier graves around it, emphasizes the fact that Miss Delano was one of a mighty army serving its country without desire for personal distinction, if only the war might be honorably won.

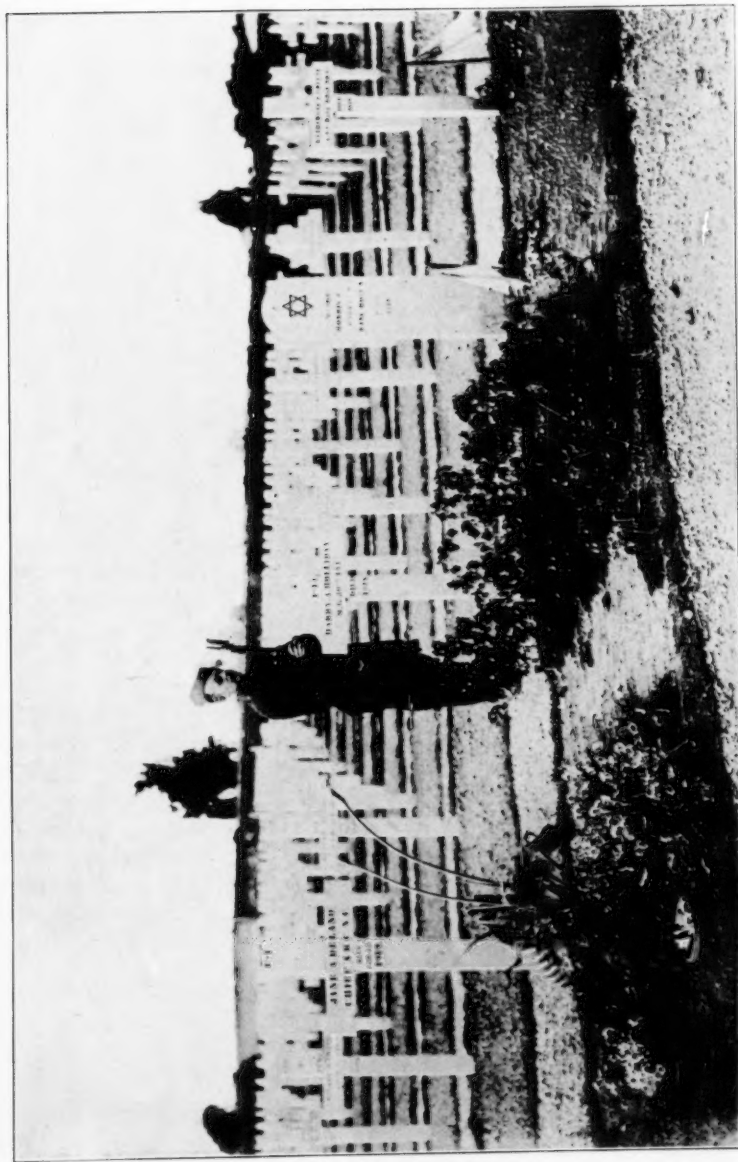
After all, it is life that counts, more than death, and the Red Cross Nursing Service is her everlasting memorial. Every Red Cross nurse who lives up to its ideals is helping to carry on Miss Delano's work. Every one of them who lives carelessly is trying to pull it down.

UNJUST COMPARISONS

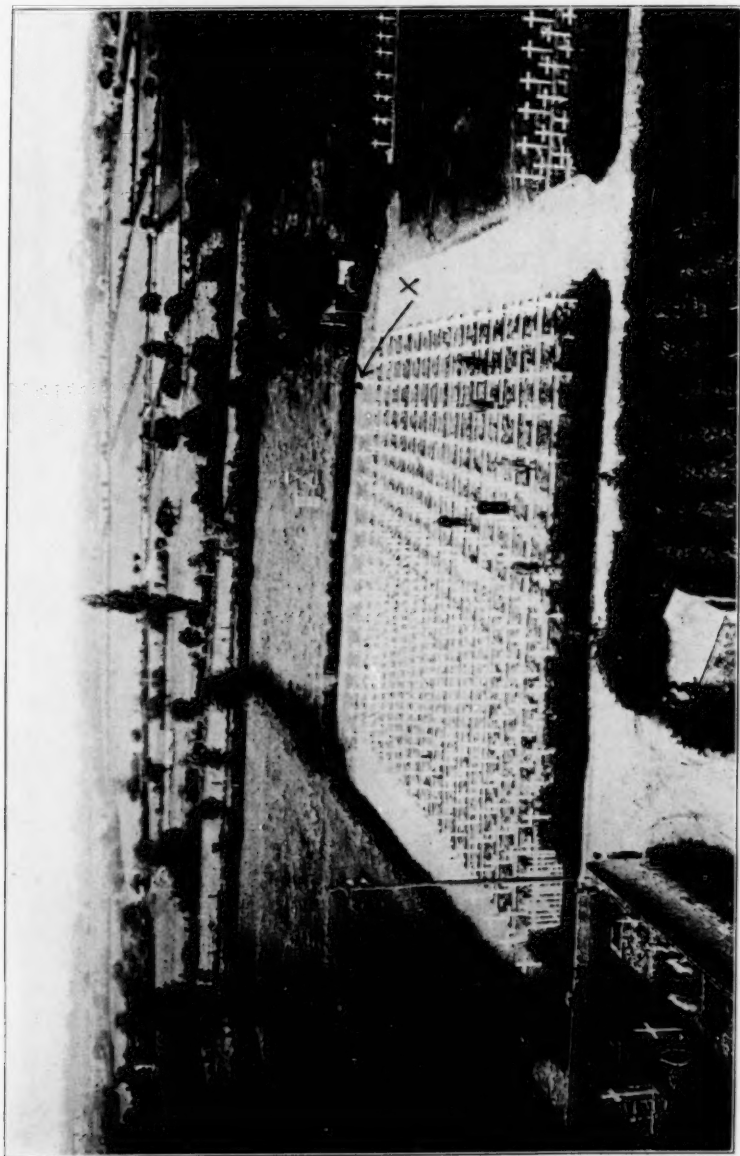
Quoted
We publish in this JOURNAL an article by Dr. S. J. Crumbine of Topeka, Kansas, on The Socialization of Preventive Medicine through the Public Health Nurse which is a fine presentation of the subject, except in one respect. We take great exception to his comparison of the public health nurse with one whom he calls "the graduate nurse," evidently the private duty nurse, as we term her.

The truth is that almost all the public health nursing work of the country has been opened and is being carried on by women who were first private duty nurses, and no other line of work forms so good an education for public health nursing. Almost all the women in our profession who have done great things have been, early in their careers, private duty nurses.

Every time we hear or read a comparison of the public health nurse with the private duty nurse which exalts the one and lowers the other, we feel indignant at the misconception of the latter's scope of work. It would seem as though the people who are thinking and studying along the lines of public health, exclusively, had lost their sense of proportion or were ignorant of nursing history.



Soldiers will guard her grave until army regulations are lifted, and her body may be brought back to this country for interment at the National Cemetery at Arlington, Virginia.



The grave of Jane A. Delano, "among the American dead at Savenay * * * where the hills of Brittany rise in the far distance, and the landscape rolls gently with here and there trim gardens, walled-in fruit orchards, and a short, lazily-revolving windmill * * *."

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As we know private nursing from actual experience and through observation over a long period of years, there is no class of nurse more valuable or more to be honored than the disinterested public spirited private duty nurse. Her duties are exactly those described by Dr. Crumbine as belonging to the public health nurse. No good nurse who goes to a case of typhoid feels that her duty is done in the mere nursing of the patient. She helps the physician to find the cause of the trouble and she never ceases her efforts to educate the family in methods of hygiene which will prevent similar outbreaks in the future. Her relation to the family of her patient is a vital, not an incidental one. How many a nurse, called for one member of the family, finds others needing care or instruction or enlightenment. Perhaps she is nursing the grandfather, but the school child who is kept indoors after school hours does not escape her observation. He looks pale and has not a childlike vitality. His cold school lunch, his indigestible meals, his lack of fresh air form a sufficient explanation, but it is only after making herself a true friend to the mother, with utmost tact and patience, that the nurse can show her where the child's life must be altered if he is to be kept from illness and grow up to strong manhood. Is not such work worth while? This is public health work, though it does not go by that name. Her influence extends throughout a whole neighborhood in many cases. In obstetrical work, she is doing child welfare work of utmost value, for she is educating a mother from the beginning of the child's life. Her work is done under more trying conditions, often, than is that of the public health nurse, for the latter visits the family, the private nurse must live in it. The private nurse is accused, often, of being mercenary, of working for hire. Do we not all work for hire? Is not every public health nurse on a salary? Could she continue her work if the salary were withdrawn?

Public health work is growing by leaps and bounds and we need the best of nurses for it, but we need the best for our executives and teachers in the hospitals and training schools, and we also need the best in the homes where sickness comes, where one patient is so desperately ill as to need the continual care of a nurse. Nothing but the best will do, anywhere, or the health of the public will suffer as a result. The danger is that by exalting one branch of the profession over another, young graduates may turn from the kind of work for which they are most fitted because they have been taught to despise it. Not all nurses will make good public health nurses, not all will make good executives or teachers. There is a type of nurse peculiarly fitted for the life and death battle with one patient at a time, and she is the best public servant who chooses the kind of work in which she can do most for her fellow men.

WANTED,—ARTICLES ON ANAESTHESIA, LABORATORY WORK, ETC.

A JOURNAL reader who fails to send her name with her request and who is, therefore, barred from the Letter Department, asks for articles from nurses who are doing office work for noted surgeons and medical men, also from nurses who are acting as anaesthetists. These articles would be very welcome for our pages, as are all which deal with practical subjects. There is particular need for information regarding places where courses in anaesthesia may be taken. We have constant inquiries on this point but have limited information to offer.

We like to have our readers tell us what they want to see in the JOURNAL and we like to have them write us about interesting work they are doing or in which they are helping, without waiting for a request. All original articles which are written exclusively for the JOURNAL are paid for at the time of publication. We cannot promise immediate publication, however, as our waiting list of articles is always a long one.

NEWS ITEMS

Occasionally a news item is sent to the JOURNAL with a request for a bill for inserting it. There is no charge for news items. We are very glad to have them and wish every state were better represented in our columns. We have to reserve the right to condense or omit portions of items, but we should like to have noted in our pages all nursing history of importance and of general interest.

We wish each alumnae and district association would appoint either a committee or an individual who should be responsible for telling of any meetings of special worth and of news regarding their members which is permanent in value, such as appointments to positions, births, marriages and deaths.

Every secretary of a state association should send an announcement of her state meeting two months before it is to be held, and should send an account of the meeting as soon as it is over, while the inspiration is fresh in her memory. Our pages close on the 15th of each month, so news items must be in our hands on that day to ensure their appearing in the next issue of the JOURNAL. Those received after the 15th have to be held for six weeks before publication.

There are some states that appear every month in our news items. There are others that are almost never represented. When a reader looks for items from her own city or state, let her say, "Can't we find someone to send them, so that I may know what is going on?" That is of more use than to think sadly, "The JOURNAL never prints anything from my home town." We cannot print what we do not receive.

THE SOCIALIZATION OF PREVENTIVE MEDICINE THROUGH THE PUBLIC HEALTH NURSE¹

BY S. J. CRUMBINE, M.D.

Secretary, State Board of Health, Topeka, Kansas

We hear much, these days, about reconstruction and the conservation of our national resources. This means that we are, at least, awakening to a realization of the fact that we have been prodigal of our resources and spendthrifts of our reserves, in other words, that we have lived for the moment at the expense of the future. This attitude of mind and action must be the result of ignorance, ignorance that comes from lack of training and a lack of appreciation of relative values. We have long been accused by serious-minded thinkers in Europe and in this country of having standards of value whose symbol and sign is the dollar mark. With humiliation and shame we must admit that there has been some truth in the accusation.

Several years ago, a case of foot and mouth disease occurred in a young man in a certain county of Kansas. The associated press spread the information throughout the country. My visit to the case was delayed, pending investigation by a national expert and a confirmation of the diagnosis. When it was certain that the case was really one of foot and mouth disease, in company with the President of the Board, I made a visit to the town in question for the purpose of a thorough study of the case. Imagine my surprise when, after retiring for the night, I was awakened from my slumber by a representative of the United States Department of Agriculture, who had been sent to make a careful investigation to determine whether or not the livestock of this community was safe from infection. I congratulated this trained veterinarian on representing such an efficient department of the public service. Assuring him that there was no danger of transmitting the disease to the neighborhood livestock, I then made inquiry of the government's representative as to whether or not the government had heard of the 3,900 babies who had died in Kansas last year, and the 1,009 Kansas people who had died from tuberculosis that year and if, having heard, they had not sent the government representatives to Kansas to assist in the prevention of these diseases among the people.

This incident is mentioned as an illustration of our ideas of relative values. Kansas cattle and pigs seem to have ample protection

¹ Read at a meeting of the Northwest Nurses' Association, Glacier Park, Montana, July 15, 1919.

from both the state and federal government, but it is with the greatest difficulty that we can arouse public interest in the vital matter of public health.

Whatever have been our shortcomings in the past, the awful catastrophe of war has made us keenly aware that the foundations of the national defense rest upon the health and strength, in body and mind, of the people.

These complex problems which public health workers are called upon to solve are social and economical before they are medical. In other words, we are now called upon to consider the source and the cause of preventable sickness rather than attempt merely to mitigate its malignant influence. We can see, then, how, with a suddenness that is almost startling, the great public health movement relating to the public health nurse has sprung into existence, the result and the outcome, no doubt, of the social evolution which is making rapid progress in this country.

The visiting nurse was first inaugurated as a philanthropy, primarily to bring medical nursing into the homes of the poor, but we now recognize the evolution, both as to purpose and name, of the *visiting nurse* into the *public health nurse* as a powerful means for preventing disease, a mighty adjunct for promoting health, an economic means for preventing ill health among industrial workers and, finally, for extending the principles of health and healing to the out-patient dispensaries, the hospitals, and the rural communities.

I assert that no other public health movement of modern times has made such rapid strides forward and upward as the public health nurse movement, and no work has been productive of such immediate results in easing human suffering among the poor in the prevention of sickness and premature death as has this movement. Such results assure appreciation of service by the public, and permanency of position as a necessary part of modern public health work and social service. This appreciation of the service of the public health nurse has been expressed in an unprecedented demand from schools, municipalities, communities, states, and large industrial corporations which it has been impossible to supply with trained workers.

In consideration of this fact, and in order that those engaged in public health work who have not had special training might have some opportunities along this line, we have added a section on public health nursing to our annual School for Health Officers in Kansas.

Manifestly, then, the business of the public health nurse carries with it great opportunity and tremendous responsibility, for one condition cannot obtain without the other.

The relation of the public health nurse to the individual is usually

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one of immediate need, either social or medical in character, and often both; she should exercise her technical training as a graduate nurse in lending a helping hand to the sick, or in planning for an economic need which may be an important factor in that particular case. Oftentimes her resources are taxed to the limit to meet these needs. She must not only be skilled with her hands, but equally expert with her brain, for she must often assume the role of nurse, diplomat, reformer and judge. What a splendid opportunity, and yet what a grave responsibility, comes to each of you in your relation to the individual! That your service to some is unappreciated, and even resented, should not be occasion for discouragement on your part; one never knows but that seed sown in unpromising soil may bring a bountiful harvest.

The public health nurse is concerned not only in restoring to health the afflicted one, but in making an effort to ascertain the cause or origin of the sickness, if a communicable or preventable disease, and in instructing the patient in methods of prevention. In other words, the future welfare of the patient must be considered as well as present necessities. The public health nurse is one possessed of a vision which looks beyond the hour, the place and the individual.

Let us next consider the relation of the public health nurse to the family. Ordinarily, the graduate nurse concerns herself only with the patient whom she is hired to serve; her relation to the family is purely incidental. If she is gracious in manner, skillful in service, and comely of face and form, her professional contact with the family may be something more than mere toleration, and her memory more than a nightmare in which sickness, suffering, vile medicine and the check-book are mixed in an unsavory mess. The public health nurse has an entirely different relation to the family. She comes to serve the family as well as the sick individual, without the hope of fee or reward. If it be a case of preventable illness, she instructs the family as well as the patient how to avoid future trouble by well known measures of prevention. She realizes that a second case of typhoid fever or tuberculosis from contact with that family after she assumes control, must be an indictment of her worth as a public health nurse. She realizes that instruction to the mother how to properly feed, clothe and care for her baby will be much more fruitful of results than simple assistance in nursing a marasmic infant; she is fully aware that a practical lesson in household economics, home sanitation and personal hygiene is better than a barrel of medicine and a bushel of pills. Indeed, her relation to the family is quite as fundamental and important as to the individual patient. It is at this point that graduate nursing and public health nursing diverge, and the

worth of the public health nurse to the community becomes a public asset of the highest value.

Finally, let us consider her relation to the community; the interest of the trained and altruistic public health nurse does not cease with her patient and her family, for by the same token that she is interested in the family, must she be interested in the community. She clearly understands that the community is endangered by every uncared-for case of tuberculosis, that the community will suffer from a typhoid epidemic if the discharges from the typhoid patient be not safely disposed of; that an epidemic of diseases of childhood can never be staid unless their prevalence and location are known to the health authorities; that the purity of the public milk supply, conditions the sale of small coffins by the local undertakers; and that the registration of babies is of more importance than the recorded pedigrees of lap poodles.

In other words, the public health nurse considers herself more or less responsible in preventing, or in reducing the incidence of preventable sickness and death in her community. She is beginning to have the same mental attitude toward a high infant mortality and high tuberculosis and typhoid fever death rate that the educated housewife has toward the prevalence of flies in her kitchen; namely, that it is more or less of a disgrace.

The public health nurse, therefore, must be an authority in matters of hygiene and sanitation and must have a keen sense of the height and depth and width of her problem, for above everything else, she must be a teacher in public health; morning, noon and night, by precept and example, she must teach people in right living. No case is so ignorant or so hopeless, no community so blind or stupid, and no state so negligent or backward, as to divert her high purpose and will in accomplishment, for with such a purpose, will and objective, success is already assured when the task is begun.

One of the curious anomalies found in almost every community is the gross ignorance and grotesque views held by the average person concerning things medical. A recent writer has well expressed this view in verse which is worth repeating:

For every ache and every pain,
So many folks have the belief
That they will surely find relief
From something in a bottle.
Some folks want something they can smell,
Or something they can "rub in well",
While some prefer to taste the stuff,
And never seem to get enough
Of something in a bottle.

No matter if they always fail
To find relief, you'll see them hail
With great delight some new affair,
Some fake to swallow, smell or wear—
Or something in a bottle.
If folks would quit these things, and pause
Just long enough to find the cause
Of all their ills, they soon would learn
How they'd been fooled, and then they'd turn
From something in a bottle.

Probably no other class of public health nursing is so difficult, exacting, and at times so unsatisfying and depressing as that of the tuberculosis nurse, in relation to tuberculosis control. When we consider that the various forms of tuberculosis as a rule assume the so-called chronic state, that the patients are ill from one to three or more years, and that with the prolonged illness, there must inevitably result great restlessness, impatience and dissatisfaction with physicians, nurses, and even with those near and dear to them, one can appreciate the difficulties surrounding the proper control of these cases.

Precautions which, when first instituted, were observed with great care and zest, soon become burdensome, and an atmosphere of discontent and hopelessness often seizes upon everybody related to the case; a general air of "What's the use?" prevails.

It is at this point that the tuberculosis nurse by her cheer, and her encouragement, by her demonstration and sacrifice, by her undimmed and unclouded optimism, may restore to the patient and to the friends that needed thing which is essential for the recovery of the case, and for the untiring devotion of the household to continue the work of prevention.

The public health nurse, having knowledge that most cases of tuberculosis date their infection from childhood, will be keenly alive to the necessity of safeguarding the children of the home from the infected sputum of the patient. Family superstition, community ignorance and the advice of well-meaning, but misinformed friends, must be swept aside and exact, scientific knowledge substituted. Oftentimes it takes courage of a high order to combat age-old ignorance and superstition, and it takes courage of even higher order to diplomatically circumvent false notions having a religious basis, or equally false information having a professional basis, but when equipped with accurate knowledge and accurate information one can go forward unafraid.

If the task of the public health tuberculosis nurse is thus so difficult, it must be true that the compensation and rewards must be

equally great and satisfying. No other public health service is entitled to greater remuneration, for the work is not without danger, and I think it is generally recognized that the highest compensation is given to nurses highly trained in this class of work.

But there are other compensations besides that of the coin of the realm, and one of these is the satisfaction of a noble service performed and a task accomplished; for we cannot measure in symbols of the dollar, the exaltation of spirit and the approval of conscience that comes to the persons who have been faithful to their trust; and who have in a full measure given of their life's best service to the end that others might live.

INDUSTRIAL WELFARE NURSING¹

BY FRANCES MCGEE, R.N.

New Albany, Indiana

The nurse in the industrial field is so new and is capable of so much development that the boundaries of her field are changing daily. Progressive firms are employing nurses daily to develop new lines of work.

In former times, when a large force of employes was the exception, the employer could easily keep in touch with his men and know them well enough to find out when there was distress in any family or disagreement in the plant. With the expansion of firms, more highly specialized lines of employment, larger numbers of employes, etc., such a condition became physically impossible, the employer still retained his interest, but the employe found he was only a cog in a very large wheel.

In many plants a first-aid room, or corner of a room, was in charge of an employe appointed for the purpose of attending to injuries occurring in the plant. It was, and is, unjust to expect a mechanic to use the technique that a nurse spends years to acquire, and seldom or never does he possess the tact or diplomacy necessary in these positions. Because of the location of the department, the idea of putting a nurse in charge seemed absurd. Besides, what nurse, in a nice white uniform, would care to work with greasy mechanics? So, since the nurse could not go there, a first-aid room was established. In many plants it was a part of the main office, but in many cases a separate building was erected.

¹ Read at a meeting of the Indiana State Nurses' Association.

Because of the very nature of our work, the latter is the ideal arrangement. People will run in and out of the main building and who wants everyone to know all his little accidents or stand around when he is trying to tell his troubles? Then, too, the importance of a proper place for supplies, records, etc., easily accessible when needed, should never be underestimated either by the firm or by the nurse.

With the adoption of the workmen's compensation laws, with the consequent liability of employer, and, sad to say, dishonesty on the part of many employees, it becomes especially necessary to secure and keep accurate records.

If you merely say in your report that John Smith hurt his foot, when it becomes necessary, two months later, to amputate John Smith's foot from some other cause, you will be placed in a sad position if he cares to say he was hurt there and the amputation was a result of the former injury. John Smith's injury must be described, whether right or left foot, toe, ankle, heel, kind of wound, and to avoid contingencies, note whether any previous injury has occurred. Most concerns require the reporting of every injury, no matter how trivial, since the small neglected wound of to-day may be the serious infected wound of to-morrow. Cases of infection do not recover without the loss of some time and since compensation is not paid until the third week, it is usually the employees' time. However, the employer has the anxiety, expensive dressings and loss of production while the man is idle. The completion of contracts depends upon the men who can be counted upon every day, and unless contracts can be completed, you have a financial loss as well as loss of continuity of service.

From the employe's standpoint the establishment of nursing service means much. They resent going for dressings to a man, who knows no more than they do. Men can seldom do the dressings without attempting some joke, to brace the patient up, I suppose, and the injured one feels that his injuries are taken lightly. So he doesn't return until infection sets in, and forces him to the doctor's office.

My accident reports always exceed the number reported by the foreman. Dangerous conditions in shops (all of which we remedy at once), the advisability of moving, changes of food for the baby, diet lists for the invalid; reports of destitute families in the neighborhood, and every one of the happier occasions,—weddings, births, christenings, promotions—are to be commented on by the nurse.

One case I have in mind—the man came for advice as to the proper way to treat rheumatism. The patient was his wife, the children cared for her during the day, and he took care of her at

night. Bed sores had developed, suffering could be endured in silence no longer, so to the nurse he came. Inquiry developed the fact that they had a right to the Metropolitan nursing service. The nurse was sent daily. A wheeled chair was procured, the bed sores healed, the chair is the day bed, and when night comes everyone can sleep and mother is recovering. That family not only thanks the nurse, but the man will be a powerful influence for good in any troubles involving the firm when one man's opinion may sway the crowd.

We use only the simplest dressings and teach cleanliness. Our only antiseptic is iodine, since we wish to teach the importance of clean dressings, rather than drugs.

The simple process of reasoning leads a man to think that if cleanliness is good for wounds it is also good for his family and home. If the nurse spends so much time cleaning, then his wife should do so also, if he is to live comfortably.

Perhaps more effective than twenty talks on hygiene is the fear that the nurse will see the soiled underwear, or hose, so more than ordinary cleanliness must be observed.

An industrial nurse must possess the social spirit. The purely professional nurse cannot succeed, since the men will not return if coldly received. It is a disappointment to him to return many times, to find himself greeted with the same cool, courteous manner, especially if she fails to remember even his name; then the tragedy is complete.

To the firm industrial nursing offers a lower insurance rate, continuity of service, contentment, loyalty, the personal feeling that something worth while has been accomplished. To the nurse it brings freedom from the depressing hours in the sick room atmosphere, regular hours and meals, nights of sleep, all the holidays, and the splendid feeling that she has a place where she is wanted all the time, that her family needs and wants her. Should one be ill or in trouble, it is pleasant to feel that 900 or 1,200 men will help one all they can. To the men, the industrial nurse is a friend in need, a confidant, a helper, and interpreter,—altogether a splendid thing to have around the shop.

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THE NURSE AS A FACTOR IN THE PREVENTION AND CONTROL OF VENEREAL DISEASE¹

BY C. C. PIERCE, M.D.

United States Public Health Service, Washington, D. C.

There are in Washington three Surgeons General,—of the Army, the Navy and the Public Health Service. The Public Health Service is a permanent national civilian health agency; the Army Medical Department takes care of the soldiers in the Army, the Navy Medical Department takes care of the personnel of the Navy, and the Public Health Service has as its function the general health and welfare of the entire population of the United States.

In the way our government is organized, most of the health rights are inherent in the states; it not having been specifically stated in the constitution that it was a function of the Federal Government. Therefore, there are only two functions that later have been taken cognizance of by Congress in which the Public Health Service has a free field of action: these are the immigration duty, the national quarantine duty, the prevention and spread of communicable diseases and interstate travel; and more recently, the control of the venereal diseases and of the war risk insurance work. The other functions of the Public Health Service in relation to local communities must of necessity, and rightly, be carried on through the coöperative action of the various state boards of health, and in municipalities in coöperation with the local health boards through the State Board of Health.

Congress last year, on July 8th, created a new division of the Public Health Service; a division organized especially to have charge of the control and the spread of venereal diseases, and that is the subject that was allotted to me tonight. I want to say that it is a great pleasure for me to address such a splendid audience of women who are interested in public health nursing, and to tell you conscientiously, just the attitude of the Public Health Service; also by quotation, the attitude of other bureaus and departments in Washington towards this great agency that we have for bettering the health conditions all over the United States, the Public Health Service.

The subject allotted to me for discussion tonight was "The Nurse as a Factor in Venereal Disease Control"; but because the venereal diseases are so intimately interwoven with every aspect of the public health movement, because gonorrhea and syphilis have unlimited possibilities as the cause of the physical and social ills of the people,

¹ Read at the convention of the National League of Nursing Education, Chicago, June 25, 1919.

I have not restricted myself to this limited, though very important, phase of public health nursing, but have included the broader field of the public health nurse as a social and educational factor in the prevention and control of the preventable diseases. One has only to study the records of the up-to-date institutions where thorough-going medical and social histories are taken of all patients, to be convinced that the physical and social ramifications of gonorrhea and syphilis are almost limitless. These diseases play a most important role in the cause of maternal and infant morbidity and mortality. Children affected with congenital syphilis, even when treated, are predisposed to many conditions that cause a serious handicap to them throughout life, among these results being abnormal mentality or mental retardation. To these two diseases, also, can be traced much of the great burden of all industrial illness.

To properly fit a nurse for venereal disease control, means to properly fit a nurse for public health service. The war clouds have about passed and the period of reconstruction is here. The responsibility of medical men and of nurses is to bring about the reconstruction and conservation of the health of the people of this country. Doctors and nurses must form a "league of workers," if you please, to protect the health of the nation.

"No graver responsibility than the conservation of human health rests on civilized nations, it so far transcends other social or economic questions, that neither time nor money ought to be considered a serious factor in the proper and prompt safeguarding of the life and health of the people." So said George Shiras, in a hearing before the Senate Committee on Public Health and National Quarantine in 1910. The war has emphasized this responsibility; it has disclosed our mistakes and failures of the past, and has put into our hands knowledge and opportunity for the future.

Two years ago we did not know, as a nation, that 30 per cent of our young men were physically unfit for military service, and that two-thirds of this number were rendered unfit from causes which could have been prevented; we did not know of the widespread prevalence of venereal disease; we did not know of the many adult cases of feeble-mindedness or of the large number of the industrially handicapped. This knowledge was bought at a terrible price, but because of the price we have paid, we have come to appreciate life and health as assets essential for national efficiency. Never before in the history of our country has such interest been centered in the subject of health as today; never a time when more effort was being made, or when the confidence of the public was greater in the possibilities for improvement in hygiene and sanitation. Read the post-war

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programs of the various governmental and private agencies in this country, and you will find, with but few exceptions, that some part of the budget has been planned for health; and the public health nurse is named as the agent who is to do the important part of the work.

Secretary of War Baker, in a recent statement, says:

War has sharply revealed to how great an extent national success depends upon national health. It has also shown that organized efforts to conserve and build up the strength of our people can quickly show results. Every element of our public health activities during the war should be continued and enlarged during peace. The public health nurse, one of the greatest forces in promoting national health, is needed in greatly increased numbers.

In offering to the public the post-war program of the United States Public Health Service, Surgeon General Blue very ably points out why public nurses are needed in greatly increased numbers. He says:

The plans of the U. S. Public Health Service for the reconstruction period include a recognition of the need for a greatly increased number of public health nurses. Our work would fail of its best results without the coöperation of the public health nurse, in explaining to the individual person the methods for preventing and curing disease; in giving nursing care to those who need it at what cost they can afford to pay; and in furnishing health authorities with facts gleaned from her intimate knowledge of neighborhood health conditions from which new programs can be formulated. A public health nurse at work in every county, is a part of the goal toward which we should work.

This program provides for the study of the cause and methods of control of the preventable diseases, including the venereal diseases and tuberculosis. Prenatal, maternity and child hygiene, school and industrial hygiene are given recognition. The keynote of the whole program is prevention.

Ignorance is the fundamental cause of preventable illness and premature death. If ignorance is the cause, then education is the obvious remedy. The following statements, made by persons of broad vision, clearly indicate by whom much of this education can best be disseminated.

Julia Lathrop, Chief of the Federal Children's Bureau, says:

In any program to save the lives of mothers and babies, public health nurses are essential. The Children's Bureau studies reveal how greatly the progress of child welfare is hampered by the scarcity of these trained women. An illustration of how public health nurses have already saved babies, is found in the fact that the death rate of infants from one month to one year is steadily decreasing. It is for babies of this age that most has been done by public health agencies, including the public health nurse. The public health nurse finds the mother and baby even in homes inaccessible to medical and nursing facilities, and brings them into relation with physicians and all health agencies. She also connects the doctor more closely with his patients by interpreting and showing them how to carry out his orders effectively.

Particularly is this true in the country where great distance makes it impossible for mothers and babies to obtain skilled care. An organization by which the county enlarges its work for the sick so as to keep people in health through the service of traveling nurses, will cover the county with a network of beneficent workers who will be a constant educational force, coöperating with schools and health officers and knowing how to serve the individual home.

Commissioner of Education Claxton says:

Health is the first object of education. Among the various agencies involved in the effective program for guarding the health of school children and teaching them health habits, none is more important than the school nurse. Where there is a school physician, she supplements his work of examination by following into the homes, the children needing treatment, and aids in securing the needed help. She also supplements the work of the teacher, who is generally lacking in this special training necessary for teaching health to the children in ways simple and vivid enough to influence their daily habits of life. The intelligent and tactful school nurse, too, is one of the best agencies for closer and more sympathetic relations between the school and the home. A school system without the nurse is an incomplete system.

Secretary of Labor Wilson says:

One of labor's greatest assets is its health. Labor's reconstruction program must, therefore, include a carefully formulated plan for repairing the physical waste and destruction of war by conservation and renewal of national health. The public health nurse enters into such a program in many ways. The industrial nurse brings skilled nursing care to the worker in factories and stores. The visiting nurse takes new methods of how to get well and keep well into the worker's home. The infant welfare and the school nurse assist in protecting and building up the health of the worker's children. To bring to every worker in our country skilled care many more public health nurses must be put at work in our communities.

The demand for the services of the public health nurse is an outgrowth of the shift of emphasis in the public health campaign from legal and restrictive, to educational and constructive measures. Some important things like purification of water supplies can be directly accomplished by official action; and legal restrictions are and always will form an essential part of the control of communicable diseases. Yet it is more and more clearly recognized that the larger problems of health require the intelligent coöperation of the individual citizen. An increasingly greater proportion of the energy of the public health workers is devoted to individual education in the sanitary and hygienic conduct of the daily life. This direct educational work is an important task for the public health service, and state board of health.

It is evident that for educational work of this character, we need a woman of high type with a sound and broad education. She must have attractive personality, intelligence, executive ability and strong qualities of leadership.

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highly trained; that the educational requirements have been too high; that the time of training has been too long and recommendations have been made to reduce the education. Careful consideration of the important work the public health nurse is called upon to do clearly indicates that to reduce the standards would be most unwise. The public health nurse needs not less training, but more training, especially for the recently developed field of venereal disease control. For in this branch of public health nursing, whether this be clinic work or social service work, the nurse must know not only the organisms causing the diseases, their mode of transmission, the proper way to administer the treatment prescribed by the physician, but she must understand the elements of psychology, sociology and economics, so that she can seek out and correct, or cause to be corrected, conditions of environment that are conducive to improper living and immorality.

It has been said, also, that the training a nurse receives in the hospital unfits her for public health work; that in the hospital emphasis is placed upon cure rather than upon prevention, and it is suggested that a different type of worker than the nurse be trained for this important field of public health education. If I am correctly informed, plans are being made to train such workers. To one who has been actively engaged in public health work for almost twenty years, it seems unwise to experiment with an unknown and untried type of worker.

While every one will agree that nurses have not always been fully prepared in the past, yet the fact is that work so far done in this field has been built up by nurses and physicians, and the educational and preventive work done in the home has been the contribution of the nurse. It is because of the fact that she is a nurse; that she has had practical training, that she can use her hands to alleviate the many ills and suffering of the moment, that she is able to do the educational work necessary to any public health movement.

Dr. J. H. Mason Knox, Johns Hopkins Hospital, Baltimore, in an article in the *Visiting Nurse Quarterly* for July, 1910, speaking of the nurse as an educational factor in the campaign against infant mortality, says:

In the last analysis, all our work hinges upon the better care of individual babies coming under our influence; and it is here that the trained nurse should be given the first place, both because of her unique opportunity and because of the good results which she has, and does accomplish. It is she who enters the home, a welcome visitor, but one armed with expert knowledge and kindly act. It is she who can open the closed windows, remove superfluous clothes, prepare the baby's feedings, give it a bath as an object lesson to the mother, and perform a hundred other services which together mean the difference between life and death.

The opportunity for service is here. The need for workers is great. The detail and home work so far have been done by the nurse. The almost phenomenal increase numerically, of the public health nurse and the growing demand for more nurses, is due to the fact that she has met a real need. Efforts are now being made to give the nurse better preparation along social and preventive lines. Witness this fact in the three new courses which have been put on this summer at Columbia University: namely, Industrial, Venereal Disease Control and School Nursing. The tendency is growing on the part of colleges and universities, to recognize their responsibility toward nursing education and especially public health nursing education. Courses dealing with such subjects as municipal and industrial sanitation, household economics, modern social problems, social legislation and similar topics are likewise proof that the nurse has proven herself worth cultivating.

From England, where the Health Visitor (the type of worker without the nurse's practical training), has been installed, come rumors that she is not altogether a success.

A warning sounded by Miss Lavinia Dock in a letter to hospital superintendents, printed in the *National Hospital Record*, January 15, 1909, can be well heeded in the present crisis. She says:

The plea for laxity in preliminary educational standards, low entrance requirements for hospital training schools, and even for shorter terms of training, is often made with great skill of argument, and can be so presented as to sound extremely plausible; especially when present difficulties, graphically portrayed and emphatically dwelt upon, are placed well to the forefront of the statement.

Yet it is a singularly shortsighted plea—that of providing at all costs for the present, without reflection as to the future. It is, indeed, an unstatesmanlike type of mind that can advocate a deliberate choice of lower, instead of higher standards of education, because this kind of policy tends ultimately to self-destruction. It is like the pit that one dugged and into which he himself fell.

The thing of real importance is not that nurses should be taught less, but that all women should be taught more; not that courses of training for any serious work should be shortened, but better filled.

The present is urgent, but those in places of responsibility and authority have not the moral right to ignore the future.

It was estimated that there were 6000 public health nurses in this country before the war, and this number was temporarily greatly decreased by war work. To fill the demands of bills now before Congress and state legislatures, at least 50,000 nurses will be needed. This is indeed a challenge to the nurse educators of this country! The difficulty at present of preparing women for all branches of nursing is lack of funds. Many hospital training schools are financially unable to meet the added expense of the necessary teaching equipment. I do not presume in the presence of this organization, to suggest or

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outline any prescribed course or method of teaching. The National League for Nursing Education, which has so ably provided for the past, can safely be intrusted to meet the needs of the future. But I do feel that it is not out of place for me to emphasize here, the need for endowment funds to meet the unusual expenses attendant on the better training of nurses. Since this training is essentially for public service it would seem reasonable that the public should appropriate funds to support and develop this work.

In conclusion let me once more impress upon you the needs of the public health field; and I can think of no better means than to quote Dr. C. E. A. Winslow in his article, "The Public Health Nurse and Her Preparation for Her Calling," in the Bulletin of the National Organization for Public Health Nursing, November, 1913, in which he says:

We need expert sanitary engineers to build and operate our public works; we need sanitary physicians to deal with the broader communal aspects of the spread of communicable disease; we need sanitary bacteriologists and chemists and statisticians to furnish the special expert knowledge by which all these activities must be guided. More than all, however, we need large bodies of sanitary educators to bring our knowledge to bear on the individual citizen who alone can make so much of it effective. Some of these missionaries of sanitation will be physicians, but most of them will be nurses. And that is why in my judgment the visiting nurse is the most important figure in the modern movement for the protection of the public health—even if I state the case more moderately than did a student of mine in a recent examination paper. As he put it, "The nurse is the Grant, the Blucher of the campaign. She has come up with her splendid training, her many talents, her ready sympathy and mother heart at the crisis of the battle. Those who have fought long and hard may take courage. The victory will be won. Waterloo is in sight."

In the discussion following his paper, Dr. Pierce said further:

When I said there were fifty thousand public health nurses needed to fill the requirements, if all of the various pieces of legislation now pending before Congress and the various state legislatures passed, that number would include the various phases of public health nursing, but venereal disease control work would not, of course, need such a very large number. The particular phase of public health nursing in which the division that I have charge of is interested, is in training nurses for the social service follow-up work, the outside work of the clinics. We can get nurses now to do the work in the clinics that are being organized all over the country. There are about two hundred and fifty of them at the present time that are coöperating with the Division of Venereal Disease.

Now a clinic with those diseases cannot operate satisfactorily without one or more nurses, not only to assist in the treatment of disease, but to do the very important work of following those infected

persons into their homes. A few days ago we were discussing this at a meeting in New York, and some one asked the question if it were not a very unusual procedure to follow the patient with diseases of that sort into their homes. Why, most of these cases are followed into the home at the request of the patient. As soon as the patient is impressed with the seriousness of one of the venereal diseases that he has, he wants the nurse to come to his home, if he is a man of family, and see whether his wife and children have already become infected and if so, to get them under proper treatment; and if they are not, to prescribe the measures whereby he can avoid infecting the members of his family or his associates. This offers at once a tremendous field for public health nursing along those particular lines. This work needs the very broad viewpoint of sociological and economic conditions which are responsible for the widespread prevalence of these diseases. It is a very particular phase of public health nursing, and through the kindness, or the great generosity, I should say, of the Red Cross, and through Miss Noyes' help, and Miss Nutting's at Teachers College, we are going to give this small group of nurses a course that we believe will particularly fit them for this sort of work. That, we trust, will be the starting point and the nucleus of a very large number of nurses who, in subsequent years, will take this and a broader course, along the same line and be able to play the very important part that nurses must play in this practically new phase of public health work. Because, until the war, those diseases were largely ignored by the hospitals and training schools for nurses, but little was given to the nurses on those subjects. In fact, most hospitals would not take patients suffering with those diseases.

Now in this new coöperative work that the public health service and various state boards of health are carrying on, a very determined effort is being made to get all the hospitals and institutions to recognize the responsibility that they have for the hospitalization of persons infected with these diseases; not only to give them the benefit of proper and thorough treatment to cure them, but as a means of preventing the further spread of these diseases through association in the family, the shop, the store, and otherwise. If, by coming here tonight and addressing you women who are interested in nursing education, I can feel that you are going to be interested in this new, and until recently, tabooed phase of nursing, it will be a milestone on the road of progress in the control of these diseases that will be well worth while.

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EXPERIENCES OF THE JUSTICE HOSPITAL GROUP, BASE HOSPITAL 51

BY LAURA E. COLEMAN, R.N.

Chief Nurse, Base Hospital, No. 51

For nearly a year Lieutenant Colonel Frederick B. Lund of Boston had been forming a Unit of Nurses for Army work overseas, later known as Base Hospital No. 51, and on June 7th, 1918, the present Chief Nurse, a member of the Army Nurse Corps, the Red Cross Nursing Service and Unit No. 51, went for Army experience to U. S. A. Base Hospital, Fox Hills, Staten Island, the large hospital then building to receive our wounded and sick, returning from overseas.

On July 27, orders came to mobilize at Headquarters, in New York. The incoming nurses began to arrive singly, or in little groups, from many camps west and south and even from the states of Washington and California, so that the Unit had the benefit of their various broad experiences in Army nursing. The heat was intense. The baggage of the entire Unit was stored at another mobilization center and was inaccessible, so here we learned our first great lesson in self-denial and endurance, as few had any comforts other than those with which she had travelled for several days. The nurses stood patiently in long lines in the super-heated corridors of the mobilization station, with hundreds of others, waiting for assignment; and on the fifth day all moved to the Mobilization Station at 120 Madison Avenue, each looking after herself as best she might. Here we were at last allowed access to our stored baggage and also found the few remaining members of the Unit.

We were now a full Army Base Hospital Nursing Corps, consisting of Chief Nurse, ninety-nine nurses, and one dietitian, one hundred and one in all.

As soon as all members arrived, we had roll call and decided by vote that we should be a democratic Unit, that in every subject affecting the good name or general comfort of Unit No. 51, the majority should rule, the Chief Nurse giving the final vote. Each nurse pledged herself to this ruling, and to this form of government can be attributed, in part, the great happiness each member of the Unit has had in her service. At no time, in any matter, has there been anything but the greatest generosity of spirit, the more fortunate sharing gladly the discomforts of those less fortunately situated.

From now on began our intensive training; with breakfast three blocks away, eating hurriedly to make way for the next group to

breakfast after us, rushing to the Armory for military drill and, after an hour's stiff drill, standing for a half-hour to sing the songs that might cheer our boys "over there."

Our instructors were military and full of zeal and enthusiasm, so we, having entered the Army proud to serve, and anxious to acquit ourselves as true soldiers, tried to rise to their expectations. I fear we failed in that, but not a nurse faltered till, from sheer weariness, she must needs drop out, and as this was bad form, it was indeed rarely done.

Then followed a rush to photographers for passport pictures, to tailors to fit street uniforms, service uniforms, great coats and rain coats; a hurried lunch, and then, despite the heat, on they went again for identification discs, boots, three pairs at least, rubber boots, and trunks of proper specifications; to the Red Cross Outfitting Department for further equipment, a full day always, with perhaps a call to sing, as a group of nurses, at a reunion in the evening, before some Unit sailed.

One memorable day was that of the dedication of our flag, at old St. Paul's, at four p. m. on August 16. The entire Unit accompanied by Lt. Reid, musical instructor, and Lt. Dale, military leader, with our friends who braved the heat, met for Holy Communion and to pledge our Unit to the service. The flag of Unit No. 55, also from Boston, was dedicated at the same time, and if the new discomforts undergone had at any time dampened our ardor, the inspiration of this consecration removed all doubt and renewed our zeal. With the Clergy leading, followed by our beautiful flag, borne aloft by one of the Unit, we marched in twos around the close of old St. Paul's, a truly inspiring spectacle; two hundred devoted nurses in all, fully equipped for their chosen work, for it is to the credit of all nurses that the Army Nurse Corps was the only branch of the military service which was entirely voluntary.

After several weeks of this intensive life, we had a grand muster at the Armory, of nine hundred and more nurses ready for orders, each group singing its original songs; songs that identified them with their Unit, the first stanza of one of the songs of Unit No. 51 being:

We're a Boston Unit going out,
To help to beat the Kaiser;
And when we've finished up our work,
He'll sadder be and wiser.

which was sung to the stirring tune of Yankee Doodle.

On August 23, came an advance order to be ready, so the last shoe was fitted, the last bedding roll strapped and tagged, the last

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recalcitrant trunk closed with many a sigh over the cosy articles, formerly considered necessities, which had to be discarded from a regulation military trunk. Just before sailing, one nurse received word that her brother, serving with the British Army, had been killed. This brought very close to us the real object of our mission and fortified our courage. That night as we met at Roll Call and each responded to her name, every eye was bright with the hope that to-morrow would be the great day, as indeed it was.

On August 24, came orders to proceed to the Port of Embarkation. At the Armory we had been drilled "squads right, squads left" and every other formation by which we might be called upon to march away and aboard ship, so that with the eyes of our trained officers and enlisted men upon us, we could so acquit ourselves as to prove to them that we also were soldiers worthy of a place in our great Army; but alas for human expectations! We left our Mobilization Station in little groups of ten or more, by street cars, to tell no one our destination, and to ask no one how to arrive at our prospective point,—a boat with a cabalistic number, at a pier also numbered.

This was of course for our protection, but the heat was so intense and all were so tired, that in their zeal to obey, several groups were lost en route, finally arriving worn, tired, drooping and thirsty, and after long delay all straggled aboard the troop-ship *France IV*. We were a bit disappointed at this inglorious ending to our long and severe training, but we were not dismayed.

Our convoy, consisting of the *France IV*, *Agamemnon* and *Mt. Vernon*, left the New York pier August 25, and we arrived at Brest September 4, at a most momentous time in the history of America's part in the war.

For three days out from New York harbor, and for two days before entering Brest, the nurses were ranged beside their life boats from four-thirty a. m. until the cold gray dawn gave way to day, as these were the hours of greatest danger from submarines. Sick or well, they were there, with rarely a murmur. They learned the sound of our guns firing at a submarine, but were unafraid. They proved themselves good soldiers in all the trials and discomforts of a crowded ship, and upon arrival at Pontanezan Barracks, where three hundred nurses from our convoy landed at once, soon made themselves comfortable in camps of forty each, lighted only by a single lantern. They quickly adjusted themselves to scarcity of water and military restrictions, but here our first sorrow came, as two nurses were seriously ill, and our ranks were decimated by influenza, eleven having to be left behind temporarily, when we marched away.

At 4 a. m., September 7, we left Pontanezan Barracks for Brest,

to entrain for Toul in the active Lorraine Sector, carrying orders for equipment of gas masks and helmets. All were in open trucks, and the rain poured mercilessly on us and our exposed baggage, but none complained.

The previous night the Chief Nurse had ordered rations for a three days' journey and these were distributed in second and third class railway cars, many of them with broken windows and several with no cushions, due to the exigencies of the war. It looked a bit hopeless at first, but as little groups adjusted themselves, the dismay passed, and after four days we finally arrived at Toul at three a. m. of the fourth night. During this time the nurses had hot food but twice, had no opportunity to lie down, and had depended for water of any kind on the occasional friendly pump or hydrant at a railway station.

Very tired, but still cheerful, in black darkness we entered the unlighted ambulances which swayed through the dark and muddy streets of Toul and brought us to Base Hospital No. 51 of the Justice Hospital Group. Here we were greeted by a real breakfast, served in a military stable lighted by an occasional candle, and the heartiness of the welcome made up for much of the weariness. All took a few hours' rest and then went on duty, as there were already two hundred and forty-six patients in the hospital, nine hundred and seventy-seven, having already been well cared for by our staff and corps men, before the arrival of the nurses.

That day they nursed the sick, learned where the *abri* was, how to distinguish the sound of a German aeroplane from a French or American plane and went to bed, forty-five in a ward, lighted only by a single candle, for a much needed rest.

The Chief Nurse and her assistant were asked to sleep near the door so that they could be easily wakened should the hospital be bombed by hostile aeroplanes, and that night the purr of our first Boche plane greeted us. One or two curious ones went to the windows to locate it, but neither it, nor the pop of the "contra-avion guns" which lined the surrounding hills, caused a quiver of fear.

After midnight, however, on the early morning of September 12, all were simultaneously wakened by the coming of the great drive of St. Mihiel. The flame of the barrage lighted the windows and the buildings vibrated to the shock, as the great guns boomed their message to the Hun. No one was frightened, yet all understood how near we were to the battle line. They rested until morning, knowing that soon their sad duties would begin. No reveille was needed to call them, however, for each was up early and hurriedly went to her post to make every possible preparation for the wounded who must soon arrive.

At seven-thirty a. m. came orders telling us to send, at eight a. m., forty nurses to help out more needy hospitals. Then a second order followed to send forward four surgical nurses as special operating teams. With those left at Brest, and two ill in Base Hospital No. 51 from the hardships of travel, the active nursing force was now reduced to the Chief Nurse, forty-two nurses and a dietitian.

Despite the fact that our baggage car had been detached near Orleans and we did not get it for a month, many went forward in street uniforms, and without delay the ambulances bore them to their new and unknown field.

In the late afternoon the wounded began to arrive, and into the night and all night, lines of ambulances, in pouring rain and almost impenetrable darkness, crawled to our doors and were unloaded on stretchers into wards and corridors, met always by physicians and nurses, the most needy going directly to the surgery, where again nurses were ready for their part of the work.

Because of the rain there was less danger from Hun planes, so we had candle light in the wards and this made it easier to see to work. Electricity was being installed, having so far been in the surgery only, but when the "Alerte" sounded, electricity was cut off at Toul; then admissions, operations, and nursing proceeded by candle light only.

On the night of September 14, a steady stream of our wounded poured into the hospital through the receiving ward, pre-operative wards and surgery, all except those brought in for immediate transfer to the surgery, being now greeted with hot chocolate, or coffee and cigarettes, as these boys were not only wounded, but weary, hungry and cold.

The work had added difficulties now, however, for the night was clear and a hostile plane might locate us if our lights were seen. The ward and corridor windows were not yet covered by heavy shades so that when Boche planes flew over the hospital and the guards went about shouting "Lights out!" out they went, and doctors, nurses and stretcher-bearers stumbled about among the patients in the darkness, illuminated only by a tiny shaded candle, and often no light at all.

For four terrible days and nights this work went on unceasingly; the wounded who could be moved being evacuated to Bases farther back to make room for those who continued to come in, until the wards were overflowing. The small corps of forty-two nurses seemed to be everywhere; feeding the hungry, warming the cold, cheering the dying, caring for their valuables and lighting cigarettes. No work was too great, none too little to receive their thoughtful attention. Their energy and tenderness seemed unbounded. They never stopped

except to drop down for short rests when unable to go longer, a less tired one replacing the other.

At last the hospital was full, the big drive had been successful, and our admissions grew fewer, so that the chief nurse and nurses were able to go to meals regularly and review and systematize the work. The lull was short, however, though seventeen of the nurses sent forward to assist at other hospitals, returned, and then two units of twenty-two and twenty-six each came to us, to await orders to proceed to the new area of operation.

The nursing force was, therefore, one hundred and seven for five days and this gave our tired nurses a chance to rest, organize teams to work in relays in the Carrell-Dakin dressing wards, and prepare a schedule; also to properly equip departments only temporarily ready.

At 9 a. m. on September 25 these forty-eight nurses with three of Base Hospital No. 51, proceeded to Souilly for the great Argonne drive. They went forward under sealed orders, proceeding in ambulances, attracting as little attention as possible; each ambulance twenty minutes later than the other, lest a spying aeroplane should mark their way and destination.

On September 26 began the memorable offensive of the Argonne, and soon lines of ambulances crawled to the receiving door, while all movable patients were being evacuated to army trains to make room for the newly wounded. Now, however, the nursing work was organized. All windows were covered by black shades so that we were able to have plenty of candle light even when the "Alerte" sounded, and therefore could the more easily care for our patients.

No one seeing it can ever forget the joy on the faces of our wounded as they were greeted with hot food, a smile, and a kindly word. It was a marvel to me how the nurses stood the continued strain. Post-operative work in the wards, where Carrell-Dakin treatment was given to severe cases needing it, was enough to strike terror to the strongest hearts. There were wounds such as in civil life one had never dreamed could exist and the patient still live, yet these young women went on with their work like veterans, stopping only when all was done, early or late, and at first it was always late, for during the first few weeks the work was interminable.

Still, after the first week, the nurses individualized their patients and could tell me as I made rounds, the little interesting, pathetic touches and the personal wishes of their sickest ones, which I am proud to say were never overlooked.

Shall I ever forget how deeply I was touched, when, after about five weeks of this steady, soul-stirring work, the nurses planned a

dance, our first recreation at Base Hospital No. 51? The long-hoped-for sitting room was a reality, thanks to our generous and thoughtful Red Cross Captain and a friend in Boston, who gave us a piano, but a convoy of wounded came in, and those wonderful nurses came to me and told me they wished to postpone the dance until later, as it seemed wrong, even for those off-duty, to dance while so many were suffering.

It was a wonderful dance, that first one, for by great effort a tent had been set up, joining our main quarters and mess hall, and lighted by electricity, the electrical work being done by a grateful convalescent soldier.

There was a slight lull along the battle line so that many of our military friends were able to be with us, and I can but feel that its great success was a well-merited reward for the unselfishness and thoughtfulness shown by the nurses to our wounded.

So constantly did patients from St. Mihiel, Montsec, Seicheprey, Fliry, Thiaucourt (along the Hindenburg line), Verdun and the Argonne come in, and go out, that Base Hospital No. 51 continued to be an evacuation hospital rather than a base hospital up to that memorable November 11, 1918.

After the armistice there began to drift in to us ex-prisoners of war, mainly English and Russian,—ragged, unwashed and sick,—some by ambulance, many on foot. To greet them kindly, to feed them properly, to nurse them tenderly, was a new inspiration, and all threw themselves into the work with renewed energy.

Thanksgiving Day, 1918, will never be forgotten by hundreds of patients and all the personnel of the hospital. The sounds of battle had ceased and all seemed imbued with the true spirit of thanksgiving. A wonderful, real American Thanksgiving dinner was served to everyone. About two hundred ex-prisoners of war, some arriving from Germany that very noon, had their first full meal for months and even years. The nurses donned white uniforms and waited on every patient. Bed patients were fed first, then those able to sit up were placed at daintily decorated tables and cared for by floor nurses on duty. All off-duty nurses and night nurses waited upon those fed in mess hall, who sat down to appropriately laid tables of excellent food and plenty of it, while above all hung the nurses' beautiful flag, at which each ex-prisoner came to salute, their reverential glances seeming to say, "The flag that set us free."

Then these untiring nurses, wishing to show to our enlisted personnel their gratitude for the splendid work they also had done, and to thank them for their loyal coöperation in caring for the sick and wounded, elected to serve them also; so at tables as nearly like

those mother would have at home, as the nurses could make them, they ate their Thanksgiving dinner, served by their friends, the nurses.

Through the thoughtfulness of a friend in Massachusetts, many dainties were added to the nurses' dinner and all ended the day a very happy body of young women.

The nursing history of Base Hospital No. 51 would be incomplete without mention of the influenza epidemic. Almost without warning they came, hundreds of our men from the front lines, the mud still on their clothing. The hospital was already full, but Lieutenant Colonel Tucker, our resourceful Commanding Officer, turned the artillery stables into temporary hospitals, sixty beds in each. Beds, mattresses, pillows and blankets appeared as if by magic, thanks to the foresight of our energetic Quartermaster.

Those long lines of ambulances seemed never to grow less, a dozen always in line, waiting to have patients unloaded. The nurses forgot their weariness and off-duty hours. Captain Earnest W. Whitcomb of the American Red Cross furnished clothing and comforts to the limit of his stores, and Annie Wheeler, the Red Cross Home Secretary, closed her office, and side by side with the chief nurse and nurses, helped to warm, feed and care for these cold, weary, hungry, sick men.

"Walkers" were taken to a hastily arranged canteen and our indefatigable mess officer and dietitian kept such stores of hot food ready, that all were happily fed, the nurses taking command of the serving of the food, and working steadily for hours in the cold.

Then began the acute nursing care, about ten per cent of our nursing force also succumbing to influenza, because they were now very weary and susceptible to infection. Such self-denial I have rarely seen; such noble cheerfulness I never expect to see again. Many of our brave soldiers passed to the great Beyond, cheered to the last by the faithful nurse, so buoyed by her courage, tender care and optimism that he scarcely realized the end was near.

Christmas was indeed a memorable day. It rained in the early morning but nothing daunted, all day nurses donned raincoats, sou'westers, and rubber boots; then they and their grateful convalescent officer patients, carrying lighted candles, sang carols in every ward, and cheered many a homesick lad.

The wards were prettily decorated with holly, mistletoe, ivy and Christmas trees, by convalescent patients, nurses and corps.

The dinner for all was a repetition of that of Thanksgiving. Then nurses and personnel had their Christmas trees and were in turn remembered by a thoughtful friend in Massachusetts, who, through Lieutenant Colonel Harry W. Goodall, former Chief of Medical Staff

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of Base Hospital No. 51, sent each a Christmas greeting and an appropriate gift.

From now on we continued busy, though gradually all surgical patients were evacuated and Base Hospital No. 51 became a medical hospital, its capacity being reduced to one thousand patients.

At midnight on March 31, 1919, Base Hospital No. 51 ceased to operate but faithful nurses remained on duty a day longer to see the last patients transferred.

More than thirteen thousand patients had been cared for by the nurses at Base Hospital No. 51, in addition to the work done in five other evacuation hospitals, some under shrapnel along the battle line, in army train service carrying the sick and wounded to hospitals farther back, or to base ports for home, and in helping at other hospitals in our own Justice Hospital Group. One Nurse of Base Hospital No. 51, is still Acting Chief Nurse at an evacuation hospital in Germany with the Army of Occupation.

When the history of this great war is written, let us hope to these young women, many of them fresh from their training schools, many of whom had made sacrifices financially and physically, will be given the honor they so richly deserve. Their mission was to serve, they served willingly and gloriously and as their Chief Nurse, I am grateful to have had the honor of serving with them.

PRE-HOSPITAL TRAINING FOR NURSES

BY W. G. CHRISTIAN, M.D.

Professor of Anatomy, Medical College of Virginia, Richmond, Va.

For a long time I have thought the present system of instructing nurses both unjust and inadequate; but as any suggestion from the author of nurses' text books might be considered self-advertising, I have hesitated to write on the subject. A sentence in an otherwise favorable review of a little work by Dr. Haskell and the writer, has induced the belief that the importance of the subject should be considered rather than any adverse criticism to which I may subject myself.

In all the hospitals with which I have been acquainted, instruction in the fundamental branches of Anatomy, gross and microscopic, Chemistry, and Physiology, has been given by busy practitioners having no special knowledge of the subject taught, by nurses who have graduated under similar conditions, or by undergraduate medical students, perhaps the best prepared of the three, but taught by all from inadequate texts, and nearly or entirely without demonstration. This is peculiarly true of gross anatomy, partly because it is

often impossible to carry fresh dissection into the hospital, and largely because the teachers are not anatomists and refuse to handle the dissections, even when they have the time, skill and willingness to prepare them. Moreover, the teaching is done, or attempted, in the afternoon or at night, when a tired mind in a tired body is incapable of active exertion. Even under the best instructors this method can train nothing but the memory, if indeed, it be not injurious to that faculty to receive, for a season, information which is never permanent and often meaningless, unless both eye and touch are utilized in its acquaintance. Even students of medicine forget anatomical facts with a facility far exceeding that with which they learn. So much of the basic sciences do we pretend to teach the nurses and so little do we, under the present method, actually teach, that the word fraudulent is not too strong when criticizing this system.

No one imagines that the pupil nurse needs, or should be offered, a course in Anatomy as thorough as that demanded of students of medicine; and no one who has intelligently taught this science fails to recognize that its severe mental discipline and its accurate training of the power of nice observation are of greater value than the mere knowledge of anatomical truths, important as they are to the physician and essential as they are to the surgeon. Observation and discipline are alike lost when anatomy is taught from books and no proper foundation for subsequent studies is laid. It follows that the briefer the course the more necessary the practical teaching, since that knowledge of physical facts acquired by sight or touch has permanency and possesses a training value while being learned. As it is impossible to give this practical training in the average hospital, it would appear that there are but two honest courses open to us, i. e., revert to the English custom, frankly admit that no scientific training is required by the nurse, or give a pre-hospital course which must be completed by the applicant before she can be accepted by the hospital. Had I thought the former course wise, I should not have been at the pains to compile nurses' text books.

A large number of hospitals are owned or controlled by medical schools. It is perfectly feasible to utilize the vacation, sixteen weeks in most colleges, to give brief practical courses in Anatomy, Histology, Physics, Chemistry and Physiology. By a practical course I do not mean that the pupil nurse should dissect the human body, or stain or mount sections, but that carefully prepared dissections, slides, etc., should be clearly demonstrated and that the requisite time should be allowed for studying the preparations. The making of a dissection is largely mechanical, medical students deriving less benefit from the actual process of dissecting than from the repeated observation

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of the dissection after it has been completed. A familiar example will demonstrate this. No teacher requires his students to clean the bones employed in studying the skeleton. Yet these are prepared dissections and no part of Anatomy is usually so well known as osteology.

In preparing a text book of Anatomy for nurses, I had in view a course of instruction of seven or eight weeks, arranged somewhat as follows:

9-12 a. m.,	1-3 p. m.,
Gross Anatomy, 2 weeks	Elementary Physics, 1 week
9-11 a. m.,	1-3 p. m.,
Physics, 1 week	Histology, 1 week
Histology, 1 week	12-3 p. m.,
	Anatomy, 2 weeks

Intermission of one week.

During this period the laboratories should be open from nine to six to give ample time for the practical review of the subjects taught, when the examinations, mainly practical, should be held. These might occupy half of the fourth week, and should be at least 60 per cent of the final grade.

The second half of the fourth week should be devoted to Chemistry. This instruction should be with reference to Physiology and would be much better if given by a physiologist than by a chemist. In the remainder of the session, Physiology should occupy most of the time, Chemistry the remainder. These subjects should be completed in two weeks and then a week should be given to review and preparation for examinations. I believe the time spent in reviewing, if reasonably well employed, is the most profitable period of the study, since the student, for the first time, studies the science and not detached fragments. Two courses of seven weeks each could then be given in the vacation. If the laboratories accommodate forty pupils, a complete corps of instructors, by alternating sections, can train eighty pupils in each period, or a hundred and sixty during each summer. Of course each medical college could train an equal number.

If it be objected that the plan involves too much expense, my reply is that, in other than free hospitals, pupil nurses earn, by "being on special," more money annually than the tuition fees of the average medical college, and that hospitals unwilling to incur this expense should be compelled by public sentiment either to pay their pupil nurses a proper salary or to give them the major part of the fifteen or more dollars a week which the nurses earn and which the hospital receives.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

THE NEED OF CO-OPERATION BETWEEN THE HEAD NURSE AND THE INSTRUCTOR¹

BY PERMELIA MURNAN DOTY

In looking over recent articles on the head nurse, one is impressed by the fact that all the emphasis is put upon the head nurse as an executive and very little is said about her function as a teacher. We are told that the head nurse of to-day doesn't have time to teach, that she isn't greatly interested in teaching anyway and prefers not to do it.

It is true that we live in a changing world, but some of us who were brought up by the old-fashioned teaching head nurse and who have very grateful memories of her splendid work as a teacher, are inclined to believe that it will be a serious loss to our nursing schools if the teaching head nurse is pushed too far to one side to make way for a successor whose chief interest centers in the management of her ward and who feels that the instructor is the person responsible for the teaching and cheerfully relegates this work to the class room.

Not so many years ago practically all teaching concerned with nursing methods and practical procedures was done on the wards by the head nurse. Students were admitted in groups of two or three to take the place of the same number of outgoing nurses. It would have been difficult to arrange adequate class work under such a system and besides, it was felt that the probationers were needed on the wards from the day of their arrival. The head nurses had full responsibility for teaching and training these new students and accepted this part of their work as a matter of course.

A little later, we find the students admitted in larger groups and regular class room instruction given in nursing methods, but we still find the probationer going "on duty" in the wards as soon as she arrived at the hospital and so large a part of the routine work was assigned to her that she could not be spared for class work for more than an hour or two a day. Obviously the head nurses still functioned very largely as teachers and they took great pride and interest in this phase of their work. I remember in my own school we frequently heard ourselves referred to as Miss S's or Miss B's probationers. Certain head nurses had considerable local fame as

¹Read at the convention of the National League of Nursing Education, Chicago, June, 1919.

teachers and the new probationers who had training under them were considered very fortunate. I think the head nurses who were not good teachers in those days were decidedly in the minority. They were doubtless chosen for the position because of ability in this line, and it is the tendency for people to do well, work which they consider important and interesting, provided they have some capacity for it.

Changing conditions added to the demands made upon the head nurse as an administrator of her miniature hospital and her executive duties became very much more complex. At the same time came the realization that if we were to justify our right to be called schools and if we were to attempt to prepare students in anything like an adequate way to meet the demands made upon the profession, we must have more systematic class room instruction in every branch of nursing work.

The first big stride forward was made by the adoption of a preliminary period, practically given up to theoretical work. The second step was the advent of the trained teacher in our schools of nursing. To-day no one questions the necessity or importance of these two reforms but, as in all reform, there is a tendency for the pendulum to swing too far in the extreme direction and it is a question whether we are not in danger of divorcing our theoretical and practical training to too great an extent. The instructors themselves are recognizing this tendency and have been among the first to hoist a danger signal.

Other educators envy us our ward laboratory ideally equipped with clinical material for teaching. Are we utilizing this to the fullest extent in our schools? It is a trite saying that theory and practice must go hand in hand, but we need to bear constantly in mind that we are not going to get the best results in our schools, no matter how excellent the class room teaching, without constant correlation of the theory and practice.

The busy instructor cannot be expected to carry this work alone, and must depend very largely on the coöperation of supervisor and head nurse. With the right kind of team work between head nurses and instructors we could work out an ideal teaching system. The head nurse must be made to see how important her work as a teacher is. Certainly she has an excellent opportunity because of her close and constant contact with students to become familiar with their capacities and needs and to give help where it is most needed. She alone can help them to acquire the skill and finished technique which is the result of frequently repeated supervised practice.

She should be constantly in touch with the instructor in order that they may have the same methods of work. How often have we

heard pupils say, "Oh, that isn't the way Miss A. taught us!" Is it not true that we are in danger of developing a class room procedure and a ward procedure? We know what demoralization this means.

Closer coöperation between the head nurse and instructor would do much to standardize nursing methods. No new procedure should be introduced in the class room which has not first been presented to the head nurse. Head nurse and instructor working together can perfect old methods and decide on the adoption of new procedures. If the head nurse thinks the technique is becoming too complicated for practical use, she can suggest modifications, and the head nurse who is really familiar with the class room methods can make a worth while effort in seeing that the nurses actually use the methods taught in the class room.

On the other hand, the instructor should consider it her duty to keep in touch with what is going on in the ward so that her teaching may be adjusted to the needs that arise out of ward work.

The problem of coöperation seems to be in devising some way to utilize to the fullest possible extent the material at their disposal and to make the dividing line between theory and practice, class room and ward, less sharp. They must recognize their common aim,—to develop a perfectly functioning nurse, and work together to that end.

We do not believe that the majority of student nurses can be left to make the application of class room theory to the work on the ward. No matter how careful the instructor is to tie up her work with the students' ward experience, there is a great deal of valuable teaching material which will be overlooked unless the head nurse is constantly on the alert to point out the connection.

She has a splendid opportunity to teach bacteriology, materia medica, therapeutics, anatomy, symptomatology and allied subjects in a way which is particularly valuable because it provides associations for the student which tend to fix the new knowledge in her mind in a way that will prevent its being easily forgotten. We all know from experience that we remember best the things which are associated with actual cases under our care. The head nurse who is doing this teaching will have an additional incentive to keep in touch with the progress in nursing and medicine and to continue her reading and study.

It is pretty generally felt among the students to-day that the head nurses think merely of getting the work of the ward done in the most efficient manner and take little, if any, interest in the education of the nurse. This is the most serious criticism made by the college women who have recently entered nursing schools. When we have

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head nurses in the wards who can teach and who are interested in doing so, we shall undoubtedly find much less dissatisfaction among our student body, many of whom are inclined to feel to-day that they are not getting altogether a "square deal."

The success and standing of the hospital depends very largely on having a capable executive in charge of each department whose business it is to see that the machinery runs smoothly, but the head nurse owes a duty to the pupils as well as to the hospital authorities. Students have a right to expect supervision in their work from a person with training and experience, and supervision of the right type implies teaching, since merely to condemn without teaching right methods of work is utter waste of time and energy for both supervisor and supervised.

Florence Nightingale says, "If you cannot get the habit of observation in one way or another, you had better give up being a nurse, for it is not your calling, however kind and anxious you may be." Here, again, the importance of the head nurse as a teacher is emphasized. Observation cannot be taught in the class room; it must be developed in connection with the daily work on the ward. A question here and there, a word about symptoms as they develop, and results will follow. Bedside charts and records and the right type of night report can be well used in this connection as well as the verbal reports concerning new patients or changes in condition.

In any field where so much routine is necessary there is always a danger of mechanical work. This is especially noticeable during the third year of the student nurses' training, and an alert head nurse, interested in teaching, can give new inspiration and show the student new fields to conquer every day. The head nurse who is a teacher does not forget that it is instinctive for everyone to be creative and she loses no opportunity to encourage initiative in her student nurses. Even though the pupil nurse cannot be given full responsibility for the conduct of the ward, could she not be given more scope for individual work?

While we may not all agree about the value of a formal class in Ethics in the training school, we are realizing more and more, as we admit younger students to our schools, the need of ethical training for the young girl making adjustments to entirely new conditions. As our old text books used to say, the head nurse teaches by "precept and example" and she has unlimited opportunities to teach those things which will lead to the development of character and will send out, as members of the profession, women with high standards of honor and of individual and social responsibility. Is the head nurse conscious of how great an influence her teaching in this direction

may have? Standards of conduct and work which are instilled in their students by the right type of head nurse are not temporary, but are carried down through the years.

The interest of the head nurse who seems to have teaching ability might be stimulated by giving her definite class room teaching to do. Emphasize her position as a member of the faculty of the school as well as a member of the staff of the hospital. It adds dignity to the position. Possibly a small additional salary might be given for the class room work. Ought not the head nurse on the children's ward be the best possible person to teach the care of children, and the operating room head nurse to teach surgical technique? In some schools the head nurses give in the class room the demonstrations which particularly relate to their work. For example, the head nurse on the orthopedic ward gives the lessons on the Bradford frame and extension.

It has been demonstrated in business and industry that no one department can be efficiently run except as a part of the whole. This is equally true of a hospital and much of the friction between heads of departments, which is so disastrous to good work, is the result of lack of understanding and appreciation of the work of others.

We need more communion among the faculty of our training schools. A share in the interests of other departments will create larger interests and do away with much petty fault finding and friction. Appreciation of the aims of the other members of the staff, a realization of the common end for which all are striving will do much to bring about a coöperation without which it is impossible to get desired results.

Probably one of the best methods of getting this coöperation between members of the staff is by means of faculty conferences. The success of these conferences will at first be largely a question of leadership, but as interest grows there will undoubtedly be more active participation by every member. Every effort should be made to avoid any likeness to a class and too much must not be expected from the first meetings, but it is the logical step in the right direction and if the first meetings are carefully planned and thought out, interest is bound to follow.

We are hearing a great deal these days about the difficulty of getting the right type of head nurses. Isn't this perhaps because we have in some ways seemed to limit the scope of the work? We say the position offers a splendid opportunity to test and develop executive ability. Would it not be well to emphasize the opportunities it offers in teaching?

THE RED CROSS

By CLARA D. NOYES, R.N.

Director, Department of Nursing

ESTABLISHMENT OF FOREIGN TRAINING SCHOOLS

From Prague, the capital city of Bohemia, comes the request that the American Red Cross coöperate with the Czecho-Slovak government in the establishment of a training school in that city. Alice Fitzgerald, Chief Nurse of the American Red Cross Commission to Europe, reports that she is "very much impressed with the possibilities for starting a training school in this city under the auspices of Dr. Alice Masaryk, daughter of the President of the new Bohemian republic." The project in general is that the Red Cross Nursing Service will send two nurses to Prague for a period of three years to start a training school for nurses in that city. At the same time Dr. Masaryk is to select two well educated and well qualified young women of Czecho-Slovakian nationality, with an understanding of the English language, to come to America to enter one of the best American training schools here. When they finally receive their diplomas, they will return to Prague and help carry on the work which the two American nurses have started.

Athens, Greece, has also asked the Red Cross to coöperate with the Greek government in establishing a training school so that it may have native nurses educated under the best foreign standards of nursing to battle with their own problems of health and sanitation.

From far away Vladivostok, Siberia, comes word of another American school. Janet M. Dewar, Superintendent of Nurses, writes that she started a training school on April 1, for Russian nurses, in the Vladivostok Hospital of the American Red Cross. "When the Chinese unit whose nurses, under Mary A. Hood, had done such excellent work in opening the hospital, returned to its own country, it became necessary to fill their places with Russian nurses. Available native nurses with even a little training, however, were few, so it seemed wise to offer some sort of training to girls interested in nursing, not only to develop good feeling between Russia and the United States, but also to give these girls sound training in sanitation and nursing, which they in turn could pass on."

In line with this work, American Red Cross nurses have established a Visiting Nurse Association at Bordeaux, France, with a staff of graduate American nurses, and with pupil nurses from the Florence Nightingale Training School, organized by Dr. Anna

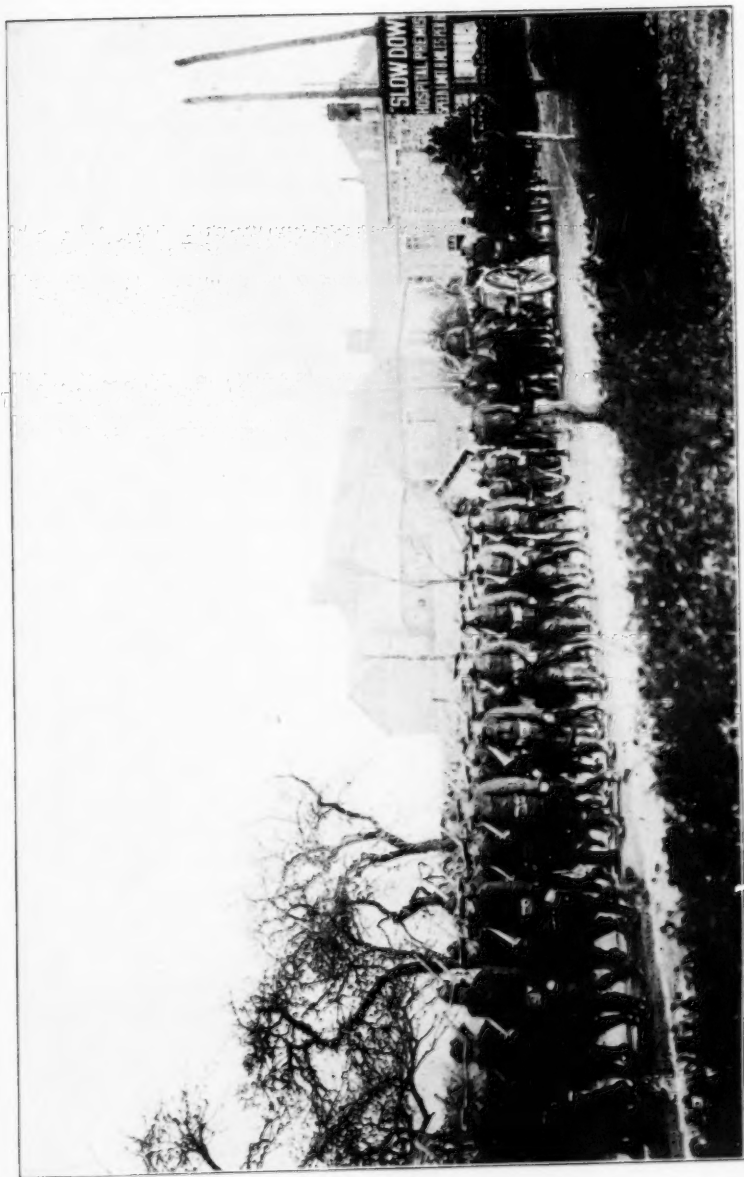
Hamilton, already well known to readers of the JOURNAL, who is introducing American standards of visiting nursing. In every case where these ventures are being started in foreign countries, a powerful committee, interested in developing modern forms of nursing, is first organized to form the directing influence of the new undertaking. That these little seeds of American nursing standards and procedures are being planted in these far corners of the world, as well as in Europe, is not only a sincere compliment to the profession, but is of great significance because they promise to bear fruit which will ultimately solve the greatest problem confronting these European countries,—the lack of competent native nursing personnel.

"CARRY ON"

At the same time that these requests for constructive work are being received, across the Black Sea comes an almost unbelievable letter from Blanche Knox, a Red Cross nurse now with the Commission to Armenia and Siberia, in the Russian Caucasian Mountains:

At Alexandropol (in Russian Asia, which extends a long finger of land between the Black and Caspian Seas), the people were dying of starvation, dysentery, and typhus,—200 a day, requiring twenty carts to carry out the dead. Part of the town had been blown up by the Turks when they left last December. The streets swarmed with refugees, over 60,000 of them, and I never imagined such desolation and misery,—living skeletons walking or crawling on the filthy, muddy cobblestones, many of them blind with hunger. All of those who could see went with their eyes glued to the ground hoping to find a morsel of food; so intent were they, even the little children, that they never noticed us. I saw boys of five grubbing in the grass of the cemetery for roots to eat. They were eating dog meat in many of the shelter houses. On Good Friday we went to Igdir, a forlorn village, indeed, where they have been digging up the dead to eat. I saw the opened graves and a few of the bones left in each grave, and some of the clothes which had partly covered the dead—in one a garter of twisted rags. At Erivan, just a week to-day, one of your nurses, Edith Winchester, died of typhus, and was buried in the Armenian cemetery among the flowering locusts, with majestic snow-crowned Mount Ararat looking down on the new grave of an American Red Cross nurse who gave her life for the Armenians.

Many have been inclined to feel that the work of the Red Cross is over. In view of such letters as this, and also in consideration of the Red Cross peace program to "coöperate for the health of the world," its war record seems only an initial step into a vast field of future service. The Red Cross is now mobilizing its forces for the third Red Cross roll call which will come November 1st to November 11th, ending on Armistice Day. The response which the American people make to this roll call will determine whether or not the Red Cross shall "carry on." Will you not help,—those of you who have been overseas and in the cantonments in this country, and who have seen the stewardship of the Red Cross?



THE FUNERAL OF JANE A. DELANO, BASE HOSPITAL No. 69, SAVENAY, FRANCE

"The long procession, with the military escort preceding the flower-covered, flag-draped caisson, wound slowly by, while every man in khaki—and there were hundreds of them—stood at attention; small French boys in their black school pinafores doffed their caps; French officers saluted, and a poilu put down his heavy bundle before his hand came to his cap * * *, a last tribute to a great American nurse."

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"FOR VALOUR"

The Red Cross Nursing Service is anxious to make an accurate list of all of its nurses who have been decorated or cited for meritorious or gallant service during the war. This work is now being held up by the extreme modesty of the American nurse; she not only refuses to volunteer her name, but even when National Headquarters does hear a rumor through the newspapers or through her friends, and questions her, she promptly retires behind her professional reticence. Because the Red Cross is very anxious to secure this list for historical reasons, and also for the recognition due the profession for their gallant war service, if any nurse has been cited or decorated, either as an Army, Navy or Red Cross nurse in this country or "over there," will she not send us a complete statement of such recognition?

It is with great pleasure that we report the decoration of eight American Red Cross nurses by King Alexander of Greece, for their work in fighting the typhus epidemic in Macedonia. These nurses are: Sara Addison, Baltimore, Md.; Marie Glauber, Chicago, Ill.; Alma Hartz, Davenport, Iowa; Isabelle Martin, San Francisco, Cal.; Emily Porter, Bridgeport, Conn.; Clarissa Blakeslee, Drexel Hill, Penna.; Edith Glenn, Bristol, Penna.; Florence Stone, Plainfield, N. J. Three Red Cross dietitians were decorated by the British: Rachel Watkins, St. Louis, Mo.; Edith M. Hulsizer, Flemington, N. J.; Margaret A. Knight, Columbus, Ohio.

BONUSES FOR ARMY NURSES

There has been some discussion regarding bonuses for nurses returning from military service. Army nurses are entitled to receive the \$60.00 bonus authorized by the War Department, and should make application for this at the port of demobilization in New York City. This ruling, however, is not applicable to nurses who have served directly under the Red Cross.

RED CROSS SCHOLARSHIPS FOR INSTRUCTORS

The Red Cross has recently appropriated \$15,000.00 in scholarship and loan funds to prepare graduate nurses as instructors for schools of nursing, so that they in turn may pass the torch of knowledge to the younger members of the profession. Many schools have modified their curriculum not only to include public health work for their senior students, but in other branches as well, and are now greatly in need of qualified instructors. The maximum Red Cross scholarship will not exceed \$300.00, while the usual amount will probably be \$250.00. If any of the readers of the JOURNAL are interested, they are urged to write immediately to their Red Cross Division Director of Nursing or to the Bureau of Information, 44

East 23rd Street, New York City, so that if possible they may matriculate for the fall term at Teachers College, New York.

MODIFICATIONS OF RED CROSS COURSES OF INSTRUCTION

Intelligent eating is now recognized as one of the chief factors in promoting health and efficiency. The Red Cross has offered, since 1916, a course in Home Dietetics which aims to give to every young girl and to every wife and mother, elementary instruction in proper nutrition for the well and the sick. This course now promises to become one of the main features of the peace program of the Department of Nursing, and accordingly the course has been revised in compliance with numerous requests received at National Headquarters, and the Bureau of Dietitian Service looks toward greatly increased activity in this very important branch of health education.

Instead of using a text book, outlines are being prepared at National Headquarters in coöperation with the Department of Agriculture to guide instructors in presenting the course. These outlines will include a lecture to be given by the teacher, topics for discussion by the class with suggested laboratory work wherever possible, home work, bibliographies and illustrative material. This instruction will be given by Red Cross dietitians, or by qualified lay women under their supervision. Special emphasis will be placed on the every day problems in the home, and the aim of the course will be to make this instruction flexible enough to apply to all types of families.

A coöperative plan is now being developed between the Red Cross and the Department of Agriculture in order to avoid conflict with the activities of the Food Demonstration agents and of the Extension Work, while at the same time, through the Red Cross Junior membership, this course in Health Dietetics is being introduced in many of the schools where academic credit is allowed, and where provision is being made to avoid duplication with courses in Domestic Science.

Elva A. George, formerly Director of the Bureau of Red Cross Dietitian Service, has resigned to become Supervisor of Buildings and Grounds of Barnard College, Columbia University, New York City. Miss George, who came to National Headquarters in 1916, had charge of the enrollment of over eighteen hundred Red Cross dietitians for service as instructors of the Red Cross Course in Home Dietetics, and as dietitians in cantonment hospitals in this country, and with the American Expeditionary Forces and the Red Cross overseas. Miss George will continue her affiliation with the Red Cross, however, as Secretary of the National Committee on Dietitian Service. Margaret Sawyer will take Miss George's place as Director of the Bureau of

Dietitian Service. Miss Sawyer is a graduate of the University of Illinois, has had special work in the Department of Home Economics, and has studied under Dr. Graham Lusk, of the Research Institute of Pathology, Cornell University. For some time Miss Sawyer was instructor in Applied Nutrition at the University of Iowa, until she volunteered for military service as a Red Cross dietitian and was assigned to Rockwell Flying Field, San Diego, California, and later to Walter Reed Hospital, Washington, D. C.

HOME HYGIENE AND CARE OF THE SICK

"To give every wife and mother in the United States an understanding of the elementary principles of household sanitation and home nursing," is the aim of the Red Cross Bureau of Instruction in its course in Home Hygiene and Care of the Sick. The influenza epidemic has proven to the women of this country their need of, or a more adequate knowledge of nursing procedure; so that they may be better fitted to safeguard their homes against contagion and to nurse members of their family in time of minor illness. This realization has been greatly stimulated by the Red Cross nurses now on the Chautauqua Circuits, and the Department of Nursing expects to see widespread interest in this course during the coming winter.

In order to conserve the time of the nurse instructors, for whose services there is great demand, this course of instruction is now being rearranged at National Headquarters so that the theoretical part of this work may be given by qualified lay women. Mrs. Janet S. Snape, a graduate, and for some time assistant superintendent of nurses at Johns Hopkins Hospital Training School, has undertaken the rearrangement of this course upon the following basis: The textbook, *Home Hygiene and Care of the Sick*, written by Miss Delano and Miss McIsaac, will continue to be used. Six lessons, however, may be given by a lay woman, either an instructor in biology, physiology or allied sciences or of physical culture, under the supervision of an enrolled Red Cross nurse instructor, who gives the practical demonstrations and the additional ten lessons and conducts the examination at the close of the course.

This arrangement, it is hoped, will do much to encourage the introduction of these courses into high schools and colleges, where members of the faculty can coöperate in placing this essential instruction in home making before their students. These courses, should not be started without consultation and coöperation with the Division Directors of Instruction. Otherwise the student may lose Red Cross recognition, attendance card, and certificate.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE END OF THE "THIRTY YEARS' WAR"

In December, 1887, when the editor of the Foreign Department had been only one year out of her training school, and had as yet no more grasp on foreign affairs than has a young rabbit, a group of English matrons met at the home of Mrs. Bedford Fenwick, who had just recently married after a short, but brilliant nursing career at the head of St. Bartholomew's Hospital and its school for nurses. Already British nursing leaders had realized the need of standardizing nursing education and protecting it by state recognition. At the meeting in Mrs. Fenwick's home, they organized for that purpose, and thereafter carried on a desperate struggle which was only brought to a close on June 27, 1919, in the following way.

We have told in this Department, how the fortunate ballot for "first place" on the calendar of new bills, fell to Major Barnett, who brought in the Nurses' Registration Act in the present Parliament, and how the College of Nursing bent all its energies to defeating the bill and bringing in its own, and how a sort of deadlock ensued.

On the twenty-seventh of June, when the Act was up for debate, "wrecking tactics," well known in every legislature, were resorted to, with the result that the newest Cabinet member, the Minister of Health, Dr. Addison, rose in the House of Commons and gave, on behalf of the Government, the following promise:

I will undertake, at the earliest possible time, on behalf of the Government, to introduce a measure, providing for the Registration of Nurses * * * You may take that as a bona-fide pledge.

The old war-horses are satisfied that this will mean a complete and crowning victory for trained nurses in their long struggle with the tory and commercial interests that have been arrayed against them. A Government measure cannot so easily be wrecked, and with the resources of the administration put behind it, a Registration Act will go through. Dr. Addison also made some very plain comments on the untenable position of the College of Nursing, in trying to be, as it were, teacher, examiner, and business controller all in one.

One of the most prominent Matrons on the opposition made a speech not long ago in which she expressed great "forebodings." That is the true tory spirit, always forebodings; never faith, and belief in the rank and file; great forebodings, doubts and fears that the world will move.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

A SUMMER COURSE IN SCHOOL NURSING

BY MARY A. MACKEY, R.N.

Denver, Colorado

Forty-seven nurses, representing eighteen states and Canada, enrolled for the six weeks' summer course in School Nursing conducted by the Cleveland Board of Education in coöperation with Western Reserve University. All but eight of the nurses had had experience in public health nursing; the majority were school nurses, many from small communities. Three subjects were studied: School Hygiene, taught by Mrs. Harriett E. Ballard, head of the Department of Hygiene, Cleveland Normal School, and by Dr. William H. Burnham of Clark University, Worcester, Mass.; Principles of Teaching, by George E. Corrothers, assistant principal, Cleveland Normal School and assistant dean, Cleveland School of Education; and School Nursing, by Anna L. Stanley, Supervisor of School Nurses, Cleveland. There were also lectures on Sociology which some of the nurses attended instead of taking the course in School Hygiene.

The lectures were all very practical. Those on School Nursing included many demonstrations, such as physical examinations, tooth-brush drills, classes on Care of the Baby, etc. The interest of the nurses was very keen and the discussions showed what a large number of problems they had had, working alone in small communities, and the great need of this instruction. Mrs. Ballard's lectures were most inspiring and will appreciably help in arranging talks on Hygiene for children of the different grades. Most interesting excursions were taken to the University Teaching Centre, the Board of Health, the Visiting Nurse Association, the Babies' Dispensary, the Juvenile Court, etc., and talks were given on the work of the different agencies.

The nurses felt that this work was so well worth while that they are asking Dean Suhrie, of the Cleveland School of Nursing, to arrange for both an elementary and an advanced course next year.

The New York State Department of Health, in making its summary of work accomplished in 1918, gives an outline of that done under the department of Public Health Nursing which shows that

Twelve additional county tuberculosis nurses have been appointed for supervising the tuberculosis work in their respective counties in connection with the

establishment of county tuberculosis hospitals. The work of these nurses has been organized and standardized by the supervising nurse of tuberculosis of the Department.

County tuberculosis surveys have been made in eight counties. Seventeen different county tuberculosis nurses have been visited for the purpose of standardizing their work. Nine hundred and seventy men, rejected by local draft boards or returned after having reached camp as tuberculous, have been either visited for instruction by our supervising nurse or placed under the supervision of local health authorities.

This supervising nurse has also visited 12 county tuberculosis hospitals and eight tuberculosis dispensaries in order to standardize methods in each of these institutions. Four tuberculosis institutes have been attended for instruction and three addresses delivered at such institutes.

The supervising nurse in tuberculosis work has held 27 conferences with local health authorities, hospital superintendents, physicians and various authoritative bodies for the purpose of correlating the tuberculosis activities in this number of municipalities.

Midwives have been visited by the supervising nurse assigned to this work in 98 different localities. Prosecutions of midwives have been secured in three municipalities. Four hundred and sixty licenses have been issued; 216 unlicensed midwives have been discovered. Classes for midwives have been conducted in 24 different municipalities, at which 120 midwives were present.

Eight supervising nurses engaged in the after-care of infantile paralysis victims following the epidemic of 1916, as well as those affected with the disease since that time, have visited approximately 1,800 cases in 297 different municipalities. These nurses have secured the attendance of a large proportion of these cases at 42 different clinics.

Nurses assigned to the Division of Child Hygiene have conducted exhibits in 62 different municipalities, secured the establishment of child welfare stations and coöperated with the Federal Government in educational work in connection with the Children's Year campaign.

In coöperation with the Division of Child Hygiene, 25 additional public health nurses have been secured in as many municipalities to carry on child welfare work, and these nurses have been instructed in their duties and their work standardized by a supervising nurse from this Department.

One nurse has been assigned to the supervisor of exhibits and has attended the various county farm bureau meetings in the State for the purpose of instructing the membership in the rudimentary principles of home nursing. Regular classes of one week's duration each have been arranged for farm women, with the idea ultimately of securing the appointment of additional public health nurses through these bureaus.

Health surveys have been made in 10 municipalities in an effort to secure improved health conditions through the proper channels.

Supervising nurses from the Department have assisted in the control of outbreaks of communicable disease in 20 different municipalities previous to the influenza outbreak during the months of October and November. During this outbreak, through the appropriation of \$50,000 made available by the Governor, 136 nurses were assigned to 130 different municipalities to assist in the control of the disease. These nurses often relieved hospital nurses who had been stricken with the disease.

Social Service surveys have been made for the Venereal Disease bureau in 14 municipalities.

DEPARTMENT OF HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF
ALICE SHEPARD GILMAN, R.N.

SHALL WE ALLOW TIME CREDIT TO GRADUATES FROM UNREGISTERED SCHOOLS?

A doubt has arisen in the minds of the graduates from unregistered schools of nursing regarding the possibility of time being allowed them in the registered school in cases where they desire to qualify for the degree of R.N., and so must enter training schools which are under state supervision.

There is no doubt in the minds of the nurses who are conversant with the state laws in relation to nursing that such allowances of time are not only detrimental, but disastrous to progress and the maintenance of decent standards. For years we have been endeavoring to inhibit the sources of a supply which is dangerous to the health of the community by placing under state supervision all institutions engaged in the training of the nurse and demanding that an approved outline of instruction be carried out under proper supervision.

If we let down the bars to the extent of accepting the graduates of unregistered schools and, by allowing time, admit their acceptability, registration becomes nothing more nor less than a useless appendage which denotes no professional superiority of scientific knowledge or training. Any school which is competent to graduate nurses should be eligible for registration as an accredited or registered school; that is to say, if a hospital cares only for definite groups of patients such as cases in Obstetrics, Surgery, or Pediatrics, and has no affiliation it may, provided it complies with the requirements of the Regents or Board of Examiners, become an accredited school and its graduates pass on to the registered school, credit being allowed them for their previous work. But to expect a school which is maintaining a high standard of instruction to accept graduates from a hospital which in no way qualifies for professional recognition, upon an equal basis, is not consistent and if there are superintendents of registered schools who are giving credit to graduates from these institutions, let them think seriously of the ultimate result. We know nothing of such schools—the type of instruction which has been given, the supervision in the wards, or the administration, except that information which is verbally transmitted to us. Their records are incomplete and inaccurate, as a rule, making it impossible to ascertain individual proficiency and we have passed the stage where the

trial and error method occupies first place and lean toward proper guidance in developing our talents and hereditary gifts.

No reputable profession would grant credit of time on any such basis. It is absurd to expect women coming from these schools, which because of inadequate facilities or low standards cannot qualify for credit or registration, to go out, after six months or a year of post-graduate work, a well trained, competent person, eligible for the degree of R.N. In the first place you can't build any sort of a structure without some foundation and if you attempt to do so the first good wind that comes along topples it over. How, then, is it consistent to expect to give a post-graduate course of instruction when the preliminary work has been inadequate or lacking and get the legitimate result. In the second place it is not fair to the patient who comes to the hospital with some degree of confidence regarding your ability to care for him. We have no business to accept persons upon whom it is necessary to put responsibility, without knowing what equipment they possess to fulfill this responsibility.

Having received some correspondence which has led to the writing of this article and to the assertion of the hope that superintendents of schools of nursing are not making a practice of accepting these graduates, I am led to believe that it is a problem to which we must give attention and increase our efforts for better laws for controlling the output in the nursing profession, thus protecting the public health and upholding the responsibility put upon us by our predecessors in maintaining professional standards. The real solution of the problem is the dissolution of the unregistered school, and this can only be done effectively through the education of the public. A very large number of the young women who go into these schools have little idea of nursing standards. They wish to be nurses and the only problem which presents itself is finding a place of study.

Through publicity it is possible to present in a convincing manner what the registered schools of nursing are, their advantages over the inferior schools, the need of a scientific training and the ultimate results to the community and to the individual. Proper laws for the control of these conditions can only come about through education of the public to the real need for better schools and to the obvious harm done by half-trained, improperly guided individuals; it will not be through an altruistic turn in the minds or hearts of the promulgators of these institutions, and the sooner such information becomes available the sooner shall we have graduates from these schools coming out dissatisfied with their training and anxious for advanced work which we are not now able to give with the credit they desire, thus making it necessary for them to begin anew, sacrificing the time previously devoted, also discounting much already learned.

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NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE EIGHT-HOUR DAY.—An effort is being made to introduce the eight-hour a day service in the hospitals in Paris. It is proposed that the day staff continue to devote a morning and afternoon period to the work. The number of nurses in each is not mentioned, but the morning duty begins at 5 a. m. and the afternoon at 3 p. m. The night staff is to be on duty from 11 p. m. to 7 a. m. There is a provisional staff to be substituted during meal times and in the interval between the coming and going of the night and day staffs. About 12,500 persons will be affected by the change.

REST IN TUBERCULOSIS.—In a paper in the *American Review of Tuberculosis*, by Dr. Kinghorn of Saranac Lake, it is stated that patients suffering from active pulmonary tuberculosis, should have either the reclining rest treatment, or absolute rest in bed. In no other disease does a physician advise a patient with fever to exercise; he tries to conserve the strength by putting the patient to bed. Typhoid patients who walk about after fever has developed, seldom do well. The great medical rule of husbanding the strength when there is fever, applies also to tuberculosis.

NEW YORK AS A MEDICAL CAPITAL.—*The Journal of the American Medical Association* says that an organization has been formed to be known as The New York Association for the Advancement of Medical Education and Medical Science. It aims to make New York a great medical center, to fill the place once occupied by Vienna and Berlin. One of the objects is to make use of the vast clinical material of the city for teaching purposes, and to make use of teaching talent now unemployed. A nation-wide campaign to raise \$50,000,000 with which to finance the project, will be started immediately.

LOW TYPHOID RATE.—The medical health officer for Toronto reports that there were only three deaths from typhoid in that city during the first six months of the present year; and in each case the disease was contracted outside the city.

CLOTTING OF MILK IN THE STOMACH.—*The Journal of the American Medical Association* describes the result of an investigation recently conducted at the Jefferson Medical College. A subject was found who could regurgitate the stomach contents at will. It was discovered by observation that milk drunk rapidly left the stomach sooner and produced a smaller curd mass, than milk drunk slowly or sipped. Raw whole cow's milk formed a large, hard curd;

boiled milk curded in a much finer and softer form. The presence of much cream in the milk ensured the formation of particularly soft curds which were slow to leave the stomach. Skim milk yielded a very hard curd, owing to the absence of fat. Pasteurized milk yielded smaller curds than the raw whole milk; cold milk coagulated more slowly than warm milk.

SURGERY TO CORRECT WRINKLES.—A French medical journal has illustrations showing how it is possible to smooth out wrinkles by cutting out an ellipse of skin close to the hair. As the sides of the ellipse are sutured together, the slack in the skin caused by the wrinkles is taken up and the skin lies smooth. Wrinkles at the corner of the eye can be corrected, and a double chin removed. The sutures are subject to strain from laughing, yawning or chewing, so they are protected by a transparent shield fastened in place with collodion. War has developed surgery of the face so that esthetic surgery is also brought to the fore.

THE PHYSIOLOGIC COST OF CHEWING.—*The Journal of the American Medical Association* maintains that, in spite of the claims of the followers of Fletcher that prolonged chewing and the consequent more effective insalivation promote the digestion and utilization of the nutrients, there is abundant evidence that the nutrients in common food products are absorbed in large measure under ordinary habits of eating. It is exceptional to find less than 90 per cent of the digestible nutrients utilized, and the records for the fats and carbohydrates approach almost perfection. It has been found that as a result of chewing gum, the basal metabolism may be increased more than 17 per cent. If prolonged mastication can necessitate an excess heat production equal to nearly one-fifth of the basal metabolism, any advantage gained from a possible increase in the digestibility of the food is offset by the increase in heat production.

A Correction: The editor of the Department of Nursing Education wishes to state to those who think of undertaking the work of Visiting Teacher that the article on this subject in the May JOURNAL gave too high an estimate for the salary earned. The general opinion of those who are in this work is that the salary ranges from \$1,200 to \$1,800 a year; at the most, it would be about \$2,000.

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LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

EDITH CAVELL HONORED

Dear Editor: In a recent letter from England, written by an American woman who has lived there for many years, is the following description of the funeral of nurse Edith Cavell, which may be of interest to your readers: "We went to see the Edith Cavell funeral procession, and from where I stood on the steps of Westminster Hospital, I saw one of the clergy lay on the coffin, after the guards had lifted it from the gun carriage to their shoulders, a beautiful wreath of red and white carnations and lilies, which Queen Alexandra had sent; and to-day a friend sent me these words, copied from the card, in her own handwriting:

'Life's race well run,
Life's work well done,
Life's crown well won,
Now comes rest.'

They are, as you may know, from Edward Hayne Parker's ode to President Garfield. I have never known anything more simple nor of more dignity; nor was there anything *tense* in the crowd, which very much puzzled me and made me wonder if we were in the presence of the new spirit of the age, when a soldier woman was accepted as a matter of course. All up Victoria Street, soft and full of tone, the Guard's band played Chopin's funeral march, more beautifully than I have ever heard it played; and then the coffin, draped with the Union Jack, the wreath of English flowers, and the voices of the choirs and clergy—and silence."

Philadelphia

M. G. R.

THE TRIALS OF UNCERTAINTY

Dear Editor: I have noticed that a number are talking about "lack of patriotism" of the Army nurses that are still in the service of our Uncle Sam. I don't hesitate to say that it is not lack of patriotism that is the cause of so much seeming complaint. The real cause is lack of anything definite. If we knew that the Army Nurse Corps would need us six or even twelve months, the majority of us would be more than willing to stay, I am sure, and the chief nurses would hear less often, "When am I going to get my discharge?" If one of us had a hospital position before enlisting, she can't make any definite arrangements with the hospital to assume her former position for the very simple reason that she can't say when she will be discharged from the Army! On the other hand, she knows that she will be discharged from the Army some time in the near future, only to find herself without a position of any kind, and that is enough to worry any one! Don't you think so? And I don't think very many of us that have served in the Army can rest many months. We all know that we must go to work and try to prepare for that "rainy" day, that will come even to nurses. We, Army nurses, know that the A. E. F. boys must be taken care of, and we are more than willing to stay and see that our boys who have done so much for us are given all the care and encouragement that only a nurse can give, for we also know what it means to be away from home and loved ones. The

majority of the A. N. C. haven't even been asked, "How long will you stay?" All we know is that we are here, for how long, seems a mystery to most of us!

M. D. M.

Texas

WANTED,—A PHOTOGRAPH

Dear Editor: On April 2, 1919, General Pershing inspected, at Nevers, France, the personnel of Mesves and Mars Hospital Centers. After the inspection he gave an address and there was a dense crowd around the speaker's stand. After the address he was greeted by a number of French officers, and just as he was shaking hands with a French major of the Medical Corps, one of the nurses from either Mars or Mesves took a snap-shot of him. The wife of the French major saw the occurrence and tried to reach the nurse, but could not on account of the crush. A few days later the nurses at Mesves Hospital Center, where I was stationed, left for the States. I saw the Major's wife at Nevers, after our nurses left, and she is very anxious, naturally, to get a copy of the picture in question. As the Major was a very good friend of our people and did many things to help us, I want to do this for him if possible. Can you help me?

P. O. Box 35,
Base Hospital, Camp Dix, N. J.

WALTER S. LUCAS,
Major, Medical Corps.

THE AMERICAN LEGION

Dear Editor: I have seen nothing in the JOURNAL to indicate that the nurses of the country know about the permanent veteran's organization that has been formed to perpetuate that peculiar fellowship which existed among those of us who have so proudly worn the uniform, and I am writing this in the hope that you will publish it, so that other nurses will do as we, here in the Nation's Capitol, have done, form a Post of the American Legion. In May of this year a caucus was held at St. Louis, Mo., and a constitution adopted which provided for state organizations, to be known as Departments (and in this respect the District of Columbia ranks as a state), under the state departments there are local units known as Posts, which may have a minimum membership of fifteen. A Post desiring a charter may apply to the State Organization and on their recommendation the National Executive Committee will issue the charter. No charter is to be issued in the name of any living person. All persons are eligible to membership in this organization who were in the military or naval service of the United States during the period between April 6, 1917, and November 11, 1918, both dates inclusive, and all persons who served with the Allies, provided they were citizens of the United States at the time of their enlistment and who are again citizens at the time of their application, except those persons separated from the service under terms amounting to dishonorable discharge, and also those who refused to perform their military duties on the ground of conscientious objection. This obviously includes Yeomen (F), "Marinettes" and nurses. On July 10, a charter was granted to Jane A. Delano Post No. 1. This Post is composed of nurses and it is safe to say that the original roster will close with no less than 200 names. Locally the Post has remarkable opportunities, being at the Nation's Capitol, and having, besides those nurses who entered the service from the District of Columbia, a chance to draw for membership on the nurses who are on duty at the U. S. Naval Hospital, Walter Reed U. S. A. General Hospital, Naval Dispensary, Attending Surgeon's Office and those who are on duty in the offices of the Superintendents of the Army and Navy Nurse Corps.

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An especial invitation has been extended to those nurses who may be, or who are, patients at the Naval or Army Hospitals; they can join the local Post and later, if desired, may be transferred to a Post in their own home town. I think no reader of the JOURNAL needs any explanation of why we chose our name and the No. 1 has been added, so that if other Posts wish to honor the memory of one who truly gave her life in the service of her country, they may do so. It may be interesting, also, to readers of the JOURNAL to know that several of the charter members of Jane A. Delano Post, No. 1, have been cited for bravery and have received medals, not only at the hands of the United States, but at those of the French and British Governments as well. One of the things that is sure to make this organization a success is the fact that there is only one kind of membership and that all members have equal rights in the organization. Rank and gold service chevrons do not count, all are "buddies" and are known in the organization as comrades. Thus it came about that one of the reserve nurses, who has played a very small part, was made Commander of the Jane A. Delano Post, No. 1, and such prominent women as Julia C. Stimson and Mrs. Lenah S. Higbee were nominated for the post of Vice-Commander, Miss Stimson winning the nomination by only a few votes. Anne K. Harkins, of the Navy Nurse Corps, was chosen Post Adjutant, and it is the desire of the Post Commander to have one of the Navy nurses as Post Finance Officer. If, in any way, Jane A. Delano Post, No. 1, can be helpful to nurses wishing to form posts in other states a letter addressed to the Adjutant or to the Commander of the Post, will receive a prompt reply.

ALICE B. HARVEY, *Commander.*

Attending Surgeon's Office,
Washington, D. C.

THE VALUE OF NEWS ITEMS

Dear Editor: Every time I take up a new copy of our AMERICAN JOURNAL, I look to see just what has been reported in my own state, and am usually disappointed; for seldom is there a line to say whether anyone there is alive or not. Now I know that our nurses, our public health work, and all our other organizations are very much alive, but no one seems to think about writing. I do not know whether it is extreme modesty on the part of our state association, but I do know that it is not so important for us, perhaps, when we are at home, but when some of us are away,—for example, when we were overseas last year and a copy of the JOURNAL was delayed in reaching us, the first thing we did when we received it, was to see what they were doing in our particular little corner of the United States, so here are a few items enclosed. There are many counties in this state that have done more work than ours, but they do not say a word about it. I hope they will come forward and tell us through our own nurses' JOURNAL, what they are doing, because I believe it will compare well with what the other states are doing.

Minnesota

T. E.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

At the meeting of the directors of the American Nurses' Association and of the League of Nursing Education, held in June, a communication was received from the Catholic Hospital Association, asking whether Catholic Sisters are eligible for membership in our national association. A reply was sent to the effect that Catholic Sisters who are registered nurses and who meet the eligibility requirements of the American Nurses' Association are welcome, and always have been welcome, as members. A motion was made that the State Associations be asked to get in touch with Sisters who are eligible and assure them of this. Accordingly, in August, a letter was sent to all state associations to this effect. The replies which have come in express interest and coöperation, but there is some danger that a few state associations have overlooked the fact that all Sisters so admitted must meet the eligibility requirements of the American Nurses' Association and that no state must change its eligibility requirements so as to throw them out of harmony with those of the American Nurses' Association.

KATHARINE DEWITT, *Secretary.*

THE NURSES' RELIEF FUND, REPORT FOR JULY, 1919

Receipts

Previously acknowledged	\$2,558.78
Interest on bonds	106.25
Interest on two certificates of stock	60.00
Mane W. Merhaut, Cleveland, Ohio	5.00
District Association No. 5, Cleveland, Ohio	10.00
Belle Kramer, Chicago, Illinois	1.00
Mary Lister, Fitchburg, Mass.	1.00
H. K. Tucker, Fitchburg, Mass.	1.00
Margaret Montgomery, Philadelphia, Pa.	6.00
Sarah M. Warmuth, Philadelphia, Pa.	4.00
A Public Health Nurse, Chicago, Illinois	12.50
May Caldwell, Atlanta, Georgia	1.00
District Association No. 1, of Oklahoma State Nurses Association....	15.00
Wilhelmina S. Agnerr, Otisville, N. Y.	1.00
District Association No. 8, Saranac Lake, N. Y.	100.00
Ruby J. Morris, Hot Springs, Arkansas	5.00
Mrs. Elizabeth Fox, Hot Springs, Arkansas	1.00
Elsie W. Halford, Hot Springs, Arkansas	5.00
E. Carroll McNamee, Hot Springs, Arkansas	5.00
Mrs. H. R. Jack, St. Luke's Hospital Alumnae Assn., New York.....	6.00
Janette T. Peterson, State Chairman, California Nurses' Association..	70.00
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\$2,974.53

Disbursements

Application approved, No. 2, 43rd payment.....	10.00
Application approved, No. 5, 30th payment.....	20.00

Application approved, No. 6, 39th payment.....	15.00	
Application approved, No. 7, 33rd payment.....	15.00	
Application approved, No. 11, 30th payment.....	15.00	
Application approved, No. 14, 17th payment.....	15.00	
Application approved, No. 15, 13th payment.....	15.00	
Application approved, No. 18, 3rd payment.....	20.00	
Exchange on cheques73	125.73
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		\$ 2,848.80
Thirteen bonds		13,000.00
Two certificates of stock		2,000.00
Eight Liberty Bonds		8,000.00

Balance, August 1st, 1919\$25,848.80

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York City.

(Mrs. C. V.) M. LOUISE TWISS, *Treasurer*.

FUND FOR THE FLORENCE NIGHTINGALE SCHOOL, BORDEAUX, FRANCE

(This fund is being raised by American Nurses and their friends in honor of all nurses who have given their lives in active war service. All money received will be forwarded to the chairman of the committee in charge of the Fund.—Ed.)

Sarah J. Graham, Butler, N. J.	\$10.00
Edith M. Mosher, Anniston, Ala.	2.00

ARMY NURSE CORPS

A change in the compilation of General Orders No. 17, 1919, permits members of the Army Nurse Corps to wear campaign badges for service in the Civil War; China Campaign; Philippine Campaign; Spanish-American War; Mexican Border Service and World War. Heretofore, only officers and enlisted men were permitted to wear campaign badges.

Dora E. Thompson, Superintendent, Army Nurse Corps, left August 1, 1919, for an extended leave of absence. The Surgeon General has assigned Julia C. Stimson as Acting Superintendent, Army Nurse Corps, in her absence.

The following members of the Army Nurse Corps have been awarded the Croix de Guerre by the French Government:

Sigrid M. Jorgensen	Matilda Gibson
Agnes H. Richardson	Ella J. McManagill
Lillian E. Radcliffe	Hannah Lister
Elina P. Sahol	Jennie I. Rignel
Bertha Cornwall	Emily Vuagniaux
Lillian Johnson	Ida M. Ferguson
Eunice Broussard	Ruth Hovey
Ruth Morton	Beth C. Connelly
Linda K. Meirs	Alice O. Smith
Mathilda H. Horn	Phoebe F. Taylor

A few names were omitted from the list given previously of the nurses who received the Royal Red Cross, because these few received their decorations in France:

Royal Red Cross, 1st Class: Julia C. Stimson, Daisy Urch.

Royal Red Cross, 2nd Class: Estelle Deane Claiborne, Myrtle E. Hayes, Edna Allison Ferguson.

During the month of July, 3,344 nurses have been released from service in the military establishment, and 1,654 have returned from overseas.

Upon their separation from the service, the Surgeon General directs me to express to all members of the Army Nurse Corps, both regular and reserve, and to all dietitians, reconstruction aides, laboratory technicians, medical secretaries, and other women civilians who have rendered such valiant service with the Medical Department of the Army, his personal appreciation and that of the Department for their patriotic devotion to duty and the self-sacrificing spirit they have manifested in giving their assistance to the Department and the Army when it was so badly needed. He regrets that it has not been possible to accept all the offers of renewed and continued service because of the great reduction of the Department personnel, and he hopes that all who can, will continue their connection with the Department through their membership in the American Red Cross.

JULIA C. STIMSON,

Acting Superintendent, Army Nurse Corps.

ARMY SCHOOL OF NURSING

At the time of this writing, the Army School of Nursing has been in existence a little over a year. Of the students who, on or about April 1, 1919, signified their intention to complete the course, about two hundred are now affiliating for experience in gynecology, obstetrics and pediatrics, in the following civil hospitals: Hospital for the Women of Maryland, and the Johns Hopkins Hospital, Baltimore; the Floating Hospital for Children, Boston; the Children's Memorial and the Chicago Lying-in Hospital, Chicago; the Children's Hospital, Columbia Hospital for Women and Camp Goodwill, Washington, D. C.; the University Hospitals, Minneapolis; the Barnes Hospital, Washington University, St. Louis; the Presbyterian Hospital, the Philadelphia General, and the Children's Hospital, Philadelphia; Bellevue, St. Luke's, and the Post Graduate Hospital, New York City.

A surprisingly large percentage of the students who have resigned since the signing of the armistice are asking for readmission, and approximately seven hundred new inquiries concerning admission into the school have been received.

The training school units are now being concentrated in the following large military hospitals: Letterman General Hospital, San Francisco, Calif.; U. S. A. General Hospital No. 41, Fox Hills, S. I., N. Y.; Base Hospital, Fort Sam Houston, Texas; U. S. A. General Hospital No. 6, Fort McPherson, Ga.; Walter Reed General Hospital, Takoma Park, D. C.; U. S. A. General Hospital No. 28, Fort Sheridan, Ill.

On July 19, 1919, Annie W. Goodrich severed her connection with the Surgeon General's Office. To show what is thought of Miss Goodrich's accomplishments during the time she has been connected with the Medical Department of the Army, the following paragraphs are quoted from a recent letter written by the Surgeon General: "I desire to pay tribute to her splendid spirit of devotion and her efficient management of the complicated details that were involved in the

organization of the school, the high standards she has maintained at all times, and her coöperative loyalty to the other members of the Department. Her services as chief inspecting nurse were of great value in the rapid development of the hospitalization of this country during the early months of the war, and her recommendations and suggestions in regard to the nursing problems involved were of constant assistance. Her faith in the possibilities of the Army School of Nursing and her broad vision of its place in the Medical Department made it possible for the school to be established on a sound foundation, and made its future as a permanent part of the Department a realizable hope. Because of what Miss Goodrich has demonstrated in her months of arduous labor as Dean of the School, we believe it possible to maintain a school of very high order, and we hope to continue it on the lines which she has laid down for it."

It will be an utterly impossible task for any other person to live up to the standards which Miss Goodrich has set, or to hope to exert one-tenth of the influence which she has so strongly impressed upon the whole nursing profession, but with such an example and with her principles so clearly formulated and plainly laid down, it would be a poor person indeed, who upon endeavoring to take up her work, would not be filled with her enthusiasm and inspired by the courage which she has manifested through almost insuperable difficulties.

JULIA C. STIMSON,

Dean, Army School of Nursing.

THE SPANISH-AMERICAN WAR NURSES

The Spanish-American War Nurses will hold their nineteenth annual meeting at Niagara Falls, Canada, September 23-25. The Clifton House will be headquarters. A luncheon will be given on September 23, 1.30 p. m., at \$1 a plate at which Army or Navy nurses of Canada or the United States will be welcomed.

THE AMERICAN PUBLIC HEALTH ASSOCIATION

The American Public Health Association will hold its next annual meeting in New Orleans, October 27-30. Among the subjects to be discussed will be The Control of Influenza, Child Hygiene, Personal Hygiene.

Arkansas.—THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will meet at the State Capitol for the examination and registration of nurses on October 28 and 29, 1919, at 9 a. m. Sister Bernard, Secretary, St. Vincent's Infirmary, Little Rock.

Colorado.—THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination September 9, 10, and 11, 1919, for trained nurses who have not a license to practice in this state according to the law. Apply to Louise Perrin, Secretary, State House, Denver, Colo. The Board has issued a curriculum for the guidance of the schools of nursing of the state containing the minimum requirements to comply with the registration law. It covers all the important points such as: requirements for accredited schools, teaching staff, living conditions, records, credit for previous training in an accredited school, affiliations, requirements for state examinations, educational requirements for entrance to schools of nursing, arrangement of course of study, arrangement of hours for both theory and practical work, arrangement of practical work on the basis of an eight-hour day, divisions of time service for a year, and a list of reference books and of magazines. **Pueblo.**—THE EXTENSION DIVISION OF THE UNIVERSITY OF COLORADO is offering a four months' course in Public Health Nursing at the

Minnequa Steel Works and Hospital, from September 1 through December 20. Applicants may be graduate nurses from accredited schools or a limited number of senior nurses from such schools. Information regarding the subjects to be taken, tuition fee, expenses of living, etc., may be had from Mary B. Eyre, Minnequa Hospital.

Connecticut.—THE CONNECTICUT TUBERCULOSIS INSTITUTE held a conference at the Capitol, Hartford, on June 30, to consider methods of work in the state. Seventy-five were present. Reports showed that there are sanatoria at Hartford, Meriden, Norwich and Shelton and a state seaside home at East Lyme. The Meriden Anti-Tuberculosis Association has developed into a Public Health Association. In Bridgeport, instruction in personal hygiene is given in the lower grades of the public schools. A preventorium has been opened there by the Visiting Nurse Association for the care of children who are poorly nourished and whose parents are tuberculous. In Hartford, a tuberculosis nurse has headquarters at the City Board of Health. She has access to all cases of tuberculosis and spends an hour a day in the open-air schools. It is hoped that a superintendent of tuberculosis nursing for the whole state may later be appointed. In Norwich, a dispensary has been established, a tuberculosis clinic is held, and one nurse spends most of her time in tuberculosis work. In Plainfield, the Lockwood and Greene Company employs two nurses. **Hartford.**—MARGARET SINCLAIR, of the Johns Hopkins Hospital, has been appointed superintendent of nurses at the Hartford Hospital.

Florida: Tampa.—THE CLARA FRYE HOSPITAL AND TRAINING SCHOOL held graduating exercises on July 31, at the Nurses' Home for a class of five. The address was given by Dr. Carlton and the diplomas were presented by Dr. M. I. Anderson.

Illinois: Chicago.—MARY C. STEWART, well known to nurses of the state, has received the Royal Red Cross for her services during the war. Miss Stewart went to England as matron of the Queen's Canadian Hospital and later served in France, giving anaesthetics. THE THIRTY NURSES FROM IOWA attending the Institute for Public Health Nurses conducted by Miss Olmsted at the School of Civics and Philanthropy, Chicago, enjoyed a banquet at the Hotel Metropole on the evening of August 12. Several other public health nurses from Iowa were present and Miss Crandall and Miss Olmsted were guests. Dr. Sampson, of the Greater Community Hospital, Creston, Iowa, presided, and the several after-dinner talks were an interesting feature. The evening was a pleasant and helpful one to all who were present.

Indiana: Indianapolis.—THE MARION COUNTY NURSES' ASSOCIATION AND DIRECTORY held its annual picnic on July 10, in honor of Mary Van S. McCoy, who sailed for China on July 24, where she will be on the nursing staff of the hospital of the Pekin Union Medical College. This hospital is maintained by the Rockefeller Foundation. Sixty nurses were present.

Iowa: Des Moines.—THE MISSISSIPPI VALLEY TUBERCULOSIS CONFERENCE will be held in this city, September 22-24. Public health workers and nurses will gather from thirteen states. Headquarters are at the Hotel Ft. Des Moines, and reservations should be made now. **Cedar Rapids.**—ST. LUKE'S HOSPITAL has as supervising nurse, Flora Weber, class of 1918, University of Iowa Hospital. Jennie B. Sunderland is surgical supervisor. Minnie Scorfild has received the medal of the Royal Red Cross conferred upon her by the British Government. **Grinnel.**—THE GRINNEL COMMUNITY HOSPITAL was opened on July 30, with a capacity of forty beds. It has two operating rooms, an X-ray room, a maternity

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department and a child welfare room. Mabel Younge, class of 1906, University of Michigan Hospital, is the superintendent. **Council Bluffs.**—THE JENNIE EDMUNDSON MEMORIAL HOSPITAL ALUMNAE entertained the graduating class of twelve, at the Boat Club of Lake Manawa. There were fifty present, including the graduating class. MERCY HOSPITAL ALUMNAE held its regular business meeting on July 8. Rank for army nurses was unanimously approved.

Maine.—THE MAINE STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold examination for the registration of graduate nurses at the State House, Augusta, October 15-16, 1919, at 10 o'clock. Application blanks may be procured from the secretary and should be filed at least ten (10) days prior to the date of examination. Rachel A. Metcalfe, secretary-treasurer, Central Maine General Hospital, Lewiston. **Bangor.**—THE BANGOR STATE HOSPITAL held graduating exercises at the hospital on June 17, for a class of six. An address was given by Lieutenant Harry MacNeill.

Maryland.—THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination of applicants for state registration October 7 to 10. All applications should be filed with the secretary before September 15, 1919. Mary Cary Packard, Secretary, 1211 Cathedral Street, Baltimore.

Massachusetts: Fall River.—THE CITY HOSPITAL held graduating exercises in the Technical High School on the evening of June 26. The address was given by Hon. John T. Coughlin; the class history, by Louise Roberts. Mary C. Martin received the decoration of Honor Graduate. One member of this class, Bertha Desrosiees, gave her life during the epidemic of influenza, as a result of her untiring faithfulness.

Michigan: Newberry.—THE STATE HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises in Amusement Hall, on June 14. Ten nurses received their diplomas. An address was given by Hon. Prentis M. Brown. Dr. F. P. Bohn presented the diplomas. After the exercises a dance was enjoyed. Later, a dinner was given at Crystal Lake.

Minnesota.—THE MINNESOTA STATE BOARD OF EXAMINERS held its annual meeting in St. Paul, July 28, and elected the following officers: President, Dr. Jennette M. McLaren; vice-president, Esther Porter; secretary, Margaret A. Crowl; treasurer, Caroline M. Rankiellour. EXAMINATIONS FOR THE REGISTRATION OF NURSES will be held on October 3 and 4. LYDIA H. KELLER, former secretary of the Board of Examiners, and inspector of training schools, has accepted an appointment under the Board of Foreign Missions of the Methodist Episcopal Church, in China; her headquarters will be Nanking. Miss Keller will be greatly missed in the nursing work of the state. Through the State Board of Health and the Red Cross, much public health work is being carried on in nearly every county of the state,—child welfare, dental, and tuberculosis clinics being held everywhere. **Hubbard County.**—Public health work here is new. School examinations were begun on March 1. Up to the close of the school year, 50 schools had been visited and 2,300 children examined. A tuberculosis clinic was held in Park Rapids on June 23 which was a great success. Another was held at Laporte on August 11 and 12, in which several physicians and nurses cooperated. MARY M. MUCKLEY has been made supervisor of public health nursing of the northern division of the state for the American Red Cross, resigning her position as field secretary of the Minnesota Public Health Association. **Winona.**—CATHARINE H. ALLISON has been appointed superintendent of nurses at the Winona General Hospital. Miss Allison was formerly in charge of the Proctor Hospital, Proctor, Vermont, and during the war served as superintendent of nurses at the Army School of Nursing, Camp Lee, Virginia.

Nebraska.—On July 18, the Civil Administrative Code of the state went into effect. Under its provisions all the former state boards concerned with the licensing of members of a profession went out of existence. The Department of Public Welfare succeeds to the powers and duties vested by law in the Board of Nurse Examiners. There has been no material change in the law relating to the registration of nurses. All communications relative to hospitals and nursing will hereafter be addressed to the Bureau of Nursing, Department of Public Welfare.

New York.—THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting in Brooklyn, October 22 and 23. **Mt. Kisco.**—An interesting experiment in nutrition has been tried by the school nurse, Mrs. H. L. Hubbell. 443 children were weighed and measured at the beginning of the year and 30 pr cent were found to be under weight. One pint of milk a day and whole wheat crackers were given such children, through a fund furnished by the Committee of the Council of National Defense. A home record chart was given twenty of the children on which the home diet, rest, exercise, etc., were recorded. The use of coffee and tea was discouraged. Efforts were made to find the cause of underweight and to remedy it. Instruction in right living was given. Children were weighed weekly and marked improvement was shown in weight, in general condition, and in their class room work. Children who could do so, paid for their lunches. The number taking crackers and milk increased from 35 to 76 during the period. **Mount Vernon.**—THE WESTCHESTER COUNTY PUBLIC HEALTH NURSE ASSOCIATION held a meeting on June 30 at the Mount Vernon Hospital. A large number of public health nurses and of student nurses were present. Among the speakers were Minifred Noon, State Welfare Nurse; Dr. Hubbard, State Orthopaedic Surgeon; Miss Fitzpatrick, State Polio Nurse; Agnes Wright, Superintendent of Visiting Nurses in Mt. Vernon, and Mrs. Jessie F. Ackerly, Board of Health Nurse of White Plains. Mrs. Ackerly gave an extremely interesting talk on the work of the Little Mothers' League. Lennie B. Arthur, County Nurse, read a report of the Conference of Health Officers and Public Health Nurses which was held at Saratoga. Following the regular speakers, three-minute talks were given by Miss Healy of Yonkers Tuberculosis Dispensary; Mrs. Mary Kothe, of New Rochelle Board of Health; Mrs. Mary Faulkner, of Port Chester Child Welfare Station and Miss Thompson, Industrial Nurse of the Bolt and Nut Works of Portchester. Miss Thompson gave a very graphic description of industrial nursing in the county. **Saranac Lake.**—THE SARANAC LAKE GRADUATE NURSES' ASSOCIATION, (District No. 8), met with Jeannette McDonald on August 5. Florence Struthers, chairman of the Relief Fund Committee, reported that \$97 had been raised by a candy sale. Dr. Francis B. Trudeau gave an address. **Canandaigua.**—THE NURSES OF THE FREDERICK FERRIS THOMPSON MEMORIAL HOSPITAL are having a very happy summer because Mrs. Thompson has given them the use, for this season, of her camp on Canandaigua Lake. Several of the supervisors are spending their vacations there, so that there is always some one to be responsible for the arrangements. Groups of nurses are sent out as they can be spared from their work, to enjoy the change of life in the woods and on the water, with freedom from restriction. It is to be hoped that others who are interested in training schools and who have unused cottages may try this happy experiment. **Rochester.**—THE VISITING NURSE ASSOCIATION begins its work in September with Mary F. Laird as superintendent. The various groups of public health nurses will, it is hoped, eventually be gathered together under the auspices of this association.

Oregon: Portland.—THE OREGON STATE GRADUATE NURSES' ASSOCIATION held its annual meeting in the Central Library on June 18th. Owing to the illness of the president, Edith Duke presided. Four delegates were appointed to represent the Association at the Sectional Conference to be held at Glacier Park July 15-17. The by-laws of the Association were amended to read that meetings will be held monthly, instead of quarterly, as heretofore. Agatha Hilliar read an interesting tribute to the overseas nurses, and Anne Dempsey, a member of Unit 46, gave a short report of their experiences overseas and emphasized the necessity for rank for nurses. A lively discussion on rank for nurses followed. Edith Duke spoke of the splendid service of the nurses at home during the influenza epidemic. Marion Crowe, Superintendent of the Visiting Nurses' Association, Portland, read a paper on Opportunities for Nurses in the Public Health Field. Mary Cronin read a paper on The Need of State Headquarters in the Conduct of Nursing Affairs. This brought forth an interesting discussion and the following committee was appointed to formulate plans for organizing state headquarters: Mary Cronin, Margaret Wallace, Mary C. Campbell, Genevieve Kidd and Katherine Scott. The following officers were elected: President, Mrs. Marion Chase Warriner, 400 Mohawk Bldg., 3rd and Morrison Sts., Portland; vice-presidents, Mrs. Alice M. Heaton and Mrs. O. E. Osborne; secretary, Mary C. Campbell, Portland Open Air Sanatorium, Milwaukie; treasurer, Stella Smith, Portland. A banquet was held at the Hotel Portland, the overseas nurses being the guests of the Association. Twenty-eight returned nurses were present and each told where she had been on duty, giving a short account of her work and impressions of overseas service. The Public Health Session was held in the Central Library, Mary C. Campbell presiding, with the following program: Invocation, Rt. Rev. Bishop Sumner; A Tribute to Jane A. Delano, by Margaret Wallace; A Group of Songs, by Mrs. Fred Olson; Dr. George Rebec, of the University of Oregon, outlined the plans of the University for a state-wide health campaign, and emphasized the importance of the nurse's part in the work. Emma Grittenger, Director, Bureau of Nursing, Northwestern Division, American Red Cross, gave an interesting account of the Public Health program of that organization. The meeting closed with the National anthem.

Rhode Island: West Barrington.—THE RHODE ISLAND LEAGUE OF NURSING EDUCATION held a mid-summer meeting at St. Joseph's Rest Cottage on July 17, with Catherine Selby, superintendent of nurses, as hostess. Subjects for discussion were Rank for Nurses, Courses for Pupil Nurses, and Shorter Hours for Nurses. Reports of the convention held in Portland, Maine, were given by Miss Lord, Miss Edgecomb and Miss Fitzpatrick. After the business meeting, bathing and boating were enjoyed.

South Carolina.—THE STATE NURSES' ASSOCIATION sent out a letter in July, addressed to the nurses of the state and "to all thinking men and women of the State who desire that South Carolina shall stand for what is best and finest in the education of her nurses." The letter sets forth the objects of the association, explains the reorganization of the American Nurses' Association and its effect on the standards of the state, and appeals to all who are concerned with the training of nurses to work for and uphold these standards. A copy of the by-laws of the state association and of the form proposed for district associations is enclosed with the letter. **Chick Springs.**—EMILY GREENWOOD has been appointed director of nurses at the Chick Springs Sanitarium and Steedly Clinic. Miss Greenwood was formerly superintendent of the City Hospital, Spartensburg, and is a graduate of the class of 1916, General Hospital, Hamilton, Ontario, Can.

Tennessee: Memphis.—A LUNCHEON was given at St. Joseph's Hospital, recently, in honor of the return from overseas service of Laura Lewis. Each nurse gave an appropriate toast, and Miss Lewis gave an account of her experiences.

Vermont: Burlington.—THE VERMONT STATE NURSES' ASSOCIATION held its annual meeting on May 29, and the following officers were elected to serve for one year: President, Elizabeth Van Patten; vice-president, Hattie E. Douglas; secretary-treasurer, Rose A. Lawler, Springfield, Vt.; assistant secretary-treasurer, Mrs. F. R. Patch.

West Virginia: Charleston.—THE CHARLESTON NURSES' CLUB enjoyed a novel entertainment at a recent meeting held in the home of Mrs. M. J. Steele. Several returned overseas nurses brought their souvenirs, which were on display, and their postals and kodak pictures from abroad, which were thrown on a screen, explanatory talks being given by the nurses.

BIRTHS

On April 15, a son, to Mr. and Mrs. A. Wilmoth, Myersdale, Pa. Mrs. Wilmoth was Alice Webreck, class of 1916, Western Pennsylvania Hospital, Pittsburgh.

On May 13, a son, Earl, Jr., to Dr. and Mrs. E. P. Wikerham. Mrs. Wikerham was Adelaide Morewood, class of 1916, Western Pennsylvania Hospital, Pittsburgh.

On June 29, at Twin Falls, Idaho, a daughter, to Mr. and Mrs. L. T. Schiffgen. Mrs. Schiffgen was Olive C. Thompson, class of 1916, Presbyterian Hospital, Philadelphia.

On May 17, at Evanston, Ill., a daughter, Winifred Lois, to Captain and Mrs. Russell W. Geis, of Elizabeth, N. J. Mrs. Geis was Walborg Esther Blomquist, class of 1917, St. Joseph's Hospital, Chicago.

On August 6, at Iowa City, Iowa, a daughter, to Dr. and Mrs. J. L. Nevin. Mrs. Nevin was Jane Gordon, class of 1915, University Hospital.

On June 29, at Cedar Rapids, Iowa, a son, to Mr. and Mrs. A. E. Johnson. Mrs. Johnson was Blanche Frink, class of 1909, St. Luke's Hospital.

MARRIAGES

On April 7, in New York City, Rose Wright, class of 1915, Western Pennsylvania Hospital, Pittsburgh, to Joseph Meaze.

On April 29, Grace Beauford, class of 1908, Western Pennsylvania Hospital, Pittsburgh, to C. D. Coslow. Mr. and Mrs. Coslow will live in South Fork, Pa.

On June 20, in Redding, Cal., Irene Rosalie Chinery, class of 1905, Western Pennsylvania Hospital, Pittsburgh, to Ernest Dozier, M.D.

On June 19, Minerva Belle Gruver, class of 1913, Western Pennsylvania Hospital, Pittsburgh, to Thomas J. Davis. Mr. and Mrs. Davis will live in Williamsburg, Pa.

On July 5, Ruth A. Murphy, class of 1915, Western Pennsylvania Hospital, Pittsburgh, to John H. Kattelman. Mr. and Mrs. Kattelman will live in Attica, N. Y.

Recently, Mary Reardon, class of 1917, Western Pennsylvania Hospital, Pittsburgh, to Jesse Walls.

On June 20, at Richmond, Va., Loretta McKinney, student nurse at Virginia Hospital, to John R. Cain, M.D. Dr. and Mrs. Cain will live in Hurley, Va.

On March 15, in New York City, Maie Marceline Gatling, class of 1915, Petersburg Hospital, Petersburg, Va., to Robert Spottswood Payne. Mr. and Mrs. Payne will live at Coalwood, W. Va. Miss Gatling was formerly superintendent of the Petersburg Hospital.

On April 10, at Richmond, Va., Julia Augusta Dunnett, class of 1910, Protestant Hospital, Norfolk, Va., to Harold Vitus Rudolph. Mr. and Mrs. Rudolph will live at Charlottesville, Va. Miss Dunnett was for a number of years on the staff of the I. V. N. A. at Norfolk and recently returned from overseas duty.

On December 29, Brownie Delp, senior student nurse, Stuart Circle Hospital, Richmond, Va., to Earle Rutledge Wall. Lieutenant and Mrs. Wall will live at Radford, Va.

On March 22, at Richmond, Va., Mary Grace Hawkins, class of 1915, Memorial Hospital, Richmond, to Lieutenant Richard Parnell. Miss Hawkins was formerly assistant superintendent at the Bar Harbor Hospital, Bar Harbor, Maine.

On June 14, at Honolulu, Hawaii, Mrs. Lura L. Baker, to Robert P. Gunn. Mrs. Baker is a registered nurse in Illinois and also in California.

On July 11, at Akron, O., Isabel Agnes Robb, class of 1912, Mercy Hospital, Chicago, to Frederic Buel Huddleston. Mr. and Mrs. Huddleston will live in State Mills, Ohio. Miss Robb has been superintendent of nurses at The B. F. Goodrich Company, Akron, for the past two years.

On June 12, at Wyocena, Wis., Amelia M. Rohrbeck, class of 1908, Milwaukee County Hospital, to Captain Frank O. Bruckhorst, M. C., U. S. A. Dr. and Mrs. Bruckhorst will live in Hortonville, Wis.

On July 4, at Philadelphia, Isabel Seitz, class of 1915, McLean Hospital, Waverly, Mass., and class of 1918, Massachusetts General Hospital, to Edward Mark Doyle.

On July 21, at Gillette, Wyo., Alice Ward, class of 1916, St. Luke's Hospital, Bethlehem, Pa., to Earl S. Leatherman.

On August 2, at Camp Dix, N. J., Cora R. Whibty, class of 1917, Charity Hospital, Norristown, Pa., to Charles P. White.

On June 18, at Hummelstown, Pa., Mathilda O. Tegge, class of 1915, Samaritan Hospital, Philadelphia, to William J. Basler, M.D. Dr. and Mrs. Basler will live in Leesport, Pa. Miss Tegge was superintendent of the Masonic Hospital at Elizabethtown, for two years, and later, head nurse at the Children's Hospital for Tuberculosis, Mont Alto.

In June, at Iowa City, Iowa, Mina Rock, class of 1915, University Hospital, to Axel Swedenburg, M.D. Dr. and Mrs. Swedenburg will live at Thief River Falls, Minn.

Recently, Fern Hubbard, class of 1918, University Hospital, Iowa City, Iowa, to Max Wilson, M.D. Dr. and Mrs. Wilson will live in Iowa City.

On July 10, at Providence, R. I., Helen Taylor Jenkins, class of 1916, Homeopathic Hospital, to Howard Hamilton. Mr. and Mrs. Hamilton will live in Providence.

On July 4, Mabel Augusta Batdorf, graduate of the Samaritan Hospital, Philadelphia, to James Richard Hawkins. Mr. and Mrs. Hawkins will live at Downers Grove, Ill.

On June 7, at Philadelphia, Viola E. Blocher, graduate of the Samaritan Hospital, Philadelphia, to Henry Paul Percier.

DEATHS

On October 12, 1918, at Rome, N. Y., after a long illness, Elizabeth Jones, class of 1904, Faxton Hospital, Utica.

On October 30, at Faxton Hospital, Utica, N. Y., of pneumonia, Edith E. Vaughn, class of 1919 of the hospital. Miss Vaughn was a school nurse.

On July 1, at Faxton Hospital, Utica, N. Y., after a long illness, Sadie E. Boardman, class of 1912, Faxton Hospital.

Recently, at Memphis, Tenn., after a brief illness, Mrs. Charles W. Brown. Mrs. Brown was formerly Zoola Rudisill; she was at the head of the Metropolitan Visiting Nurse service at one time. Lieutenant Brown was in France at the time of her death.

On June 13, at the Woman's Hospital, Philadelphia, following an operation for stomach ulcer, Frances M. Taylor, one of the older graduates of the Philadelphia Lying-in Charity Hospital. Miss Taylor had not been in active nursing work for many years, but she will be well remembered by a very large circle of friends, as she and her sister conducted a nursing home on Arch Street for more than twenty years. Burial was at Millville, N. J.

On October 27, at Southam, N. D., of pneumonia, Mrs. J. B. Higginbotham. Mrs. Higginbotham was Elizabeth Stanton, class of 1915, Shenandoah Hospital, Roanoke, Va., and was for several months its superintendent.

In October, at the Johnston-Willis Hospital, Richmond, Va., of influenza, Mrs. John Blanford. Mrs. Blanford was Blanche Nelson, class of 1914, Johnston-Willis Hospital.

On October 9, of influenza, Dewey Hines, a student nurse at the Johnston-Willis Hospital, Richmond, Va.

On October 19, of influenza, Juliet Dusham Talcott, class of 1917, Johnston-Willis Hospital, Richmond, Va. Miss Talcott was one of the school nurses in Richmond and volunteered for work at the Emergency Hospital in the John Marshall High School. She rendered faithful service, remaining on duty even after she was ill.

On October 13, of influenza, Grace Morris, a senior student at the Virginia Hospital, Richmond, Va.

In December, at Roanoke, Va., Jessie L. Thomas, class of 1898, Dr. Price's Hospital, Philadelphia.

In October, at Radford, Va., Pearl Truxell, class of 1906, Protestant Hospital, Norfolk, Va. Miss Truxell was doing Public Health work in Radford, and contracted influenza while working faithfully during the epidemic.

In July, in Minneapolis, of tuberculosis, Elizabeth Zangmeister, class of 1904, St. Luke's Hospital, Cedar Rapids, Iowa.

On September 20, at Brest, France, of pneumonia, Mary E. Cairns, class of 1909, Faxton Hospital, Utica, N. Y.

On October 16, 1918, at Utica, N. Y., of pneumonia, Ruth H. White, class of 1915, Faxton Hospital.

On October 17, 1918, at Greene, N. Y., of pneumonia, Margaret Davidson, class of 1917, Faxton Hospital, Utica, N. Y.

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BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

PERSONAL HYGIENE AND HOME NURSING. A Practical Text for Girls and Women for Home and School Use. By Louise C. Lippitt, R.N. World Book Company, Yonkers-on-Hudson, New York. Price, \$1.28.

A very practical, well written, and useful book, especially for home use. Miss Lippitt has had a wide experience with girls and young women and recognizing the need of practical instruction that may be clear to every one, has kept the style of the book simple and yet attractive. Instructions are given in caring for oneself and one's family in time of accident or sickness. The chapters on "Care of the Mouth and Teeth," "Fatigue and How to Prevent It," and on "Constipation," teach right habits of living and that prevention of disease is the recognized effort of the present day educators. The chapter on "The Trained Nurse," giving the duties of the nurse to the patient and also the duties of the family to the nurse, is unique and timely. The author is now engaged in physical reconstruction work with the wounded in France.

TECHNIQUE OF THE CARREL METHOD. By J. Dumas and Anne Carrel. Paul B. Hoeber, publisher, New York City. Price, \$1.25.

This small book gives the necessary information for the successful treatment of wounds by the method introduced by Dr. Alexis Carrel. It was written by Madame Carrel, a highly trained and proficient member of the staff at Compi gne, and M. le Docteur J. Dumas, a colleague of Dr. Carrel. Dr. Adrien V. G. Lambert of New York has made this practical translation. The book has the praise and approval of Dr. William W. Keen of Philadelphia, as shown in the brief but sincere introduction. Every nurse should be familiar with this technic, as it is being extensively used. This book will prove an efficient guide.

CHILDREN WELL AND HAPPY. A Manual for The Girls' Health League. By May Bliss Dickinson, R.N. Published by LeRoy Phillips, Boston.

The Girls' Health League was launched under the auspices of the Massachusetts State Federation of Women's Clubs. It is intended to reach the girls during their formative years and help them to understand the reason for health as the chief factor of success in

business and of happiness in the home. In the manual, definite instruction is given to the girl in personal hygiene and care of the home and she is also taught the principles of hygiene as applied to babies. "The girls of to-day, mothers and teachers of to-morrow." The Girls' Health League supplements but does not duplicate the work of Child Welfare agencies; it is not sex hygiene nor sex education; but with the training received in these organized classes the girl obtains a proper knowledge of hygiene that prepares her for a more useful womanhood. Special rates are granted to organizations purchasing 25 copies at one time. Items regarding the movement and other publicity may be secured from the Executive Secretary and Author, at Trinity Court, Boston.

THE REDEMPTION OF THE DISABLED. By Garrard Harris. D. Appleton and Company, New York and London. Price, \$2.00.

The object of the book is to present a complete account of the Government's programme for the economic rehabilitation of our soldiers and sailors disabled in the war. As Mr. Harris is connected in an editorial capacity with the Federal Board for Vocational Education, he speaks with an intimate knowledge of its work and plans. The treatment of the subject is popular in style and decidedly interesting reading. The author has made a comparative study of the schemes of all the belligerents for the vocational rehabilitation of their disabled men as well as of the development of this movement in the United States. President Wilson has said, "This nation has no more solemn obligation than healing the hurts of our wounded and restoring our disabled men to civil life and opportunity. They have fought the good fight; they have kept the faith; and they have won. Now we keep faith with them, and every citizen is endorser on the general obligation." Congress passed the necessary legislation for the carrying on of this work without a dissenting vote. The author has given us the first complete account of this provision and "has set forth the philosophy of the whole movement for the rehabilitation of handicapped persons, whether injured in war or in the discharge of the duties of their civilian employments."

The JOURNAL Index.—The index to Volume XIX will be published in a separate pamphlet which will be sent on request, without charge, to subscribers who wish to bind their magazines.

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